



P.O.Box 719, Mount Vernon TX 75457
Tel: 903-563-3780 Fax: 214-887-8611
mail@mountvernonmusic.org
www.mountvernonmusic.org

Donation and Ticket Order Form

Yes, I would like to become a member of Mount Vernon Music, a not-for-profit 501(c)(3) organization. Please accept my **tax-deductible** contribution of: \$ _____

MEMBERSHIP

Individual/Family (\$50) _____

Friend (\$51 - \$149) _____

Patron (\$150 - \$499) _____

Benefactor (\$500 - \$2499) _____

I would like to give \$ _____

on a monthly basis.

I prefer not to join as a member at this time, but please accept my **tax-deductible** contribution of:

\$ _____

UNDERWRITING

I would like to underwrite:

A concert for Seniors (\$300) _____

A Regular Season Event or Educational performance (\$500-\$3000) _____

A season of great live music, including concerts for seniors and schools (\$10,000) _____

I wish to contribute \$ _____ to the Capital Fund.

I would like to give \$ _____

in honor/in memory of _____

TICKET ORDER MVM HALL

For ticket information for any events not listed here, please visit

www.mountvernonmusic.org

✓Sept. 28 ✓Oct. 11 ✓Nov. 16,

✓Dec. 13 ✓Jan. 18 ✓Feb. 21 ✓Mar. 8

✓Apr. 5 ✓May 3

___ tickets @ \$10 (members) \$ _____

___ tickets @ \$15(non-members) \$ _____

Total tickets: \$ _____

PAYMENT

Enclosed is my check payable to **Mount Vernon Music**, P.O. Box 719 (please note our new mailing address), Mount Vernon, TX 75457

Please charge my donation to my credit card: Visa Mastercard

Amount: \$ _____

Card # _____

Exp.date: _____

Name on card: _____

Signature: _____

Total payment enclosed:

\$ _____

Name: _____

E-mail: _____

Address: _____

Phone: _____

How would you like your name listed in the program?

I am interested in helping MVM as a volunteer.