



I would like to donate (please circle one):

\$25.00 \$50.00 \$75.00 \$100.00 \$250.00 \$500.00

Other amount:

Please circle frequency of donation: Once Monthly Quarterly Annually

Name:

Address:

City:

State:

Zip:

Telephone:

Email:

Please list your name(s) as you would like it to appear in our program listings (use reverse side if necessary)

OR

I would like this donation to remain anonymous (please circle) YES NO

Payment information:

Please enclose a check or money order payable to College Light Opera Company

Or provide your credit card information:

Card type:

Name on card:

Card number:

Expiry date:

Card Security code:

I authorize CLOC to charge my credit card for the above specified amount.

Signature

Date