## CHS Orchestra Contribution Form

## CONTRIBUTOR INFORMATION

Last name:		a .	First name:	
Street Address:		<u> </u>		
City:		State:	Zip code:	
Best phone number:				
E-mail address:				
I would prefer that	this contribution	on and my name l	pe kept confidential	
I would like to mak	e this donation	in (circle one) h	onor of/ memory of:	
I 'd like to sponsor t	his student:	· · · · · · · · · · · · · · · · · · ·		
	DONATI	ON AMOUNT		
\$1000.00 (Sponsors	the trip for one	e student)		
\$500.00	\$100.00	\$50.00	Other amount:	
Checks can be made out to	o: "TCAPS" v	vith the TCC Orc	hestra on the memo line.	
Mail the completed donati TCC Orche 1150 Millik Traverse Ci	stra	onation to:		

On line donations are also possible. Go to www.tcaps.net/pie. Hit the "donate now" button. You will be asked to enter your name, address, etc. and then below check that the donation is to go to the TCC Orchestra. This option should be available in September.