

CrescendoPlan

Please complete this form and mail to:

Sudbury Symphony Orchestra
83 Cedar Street
Sudbury, ON P3E 1A7

or fax to:
705-673-1424

- I want to join the **CrescendoPlan** – Sudbury Symphony Orchestra's monthly giving program.
- I authorize the Sudbury Symphony Orchestra to charge my monthly donation of \$_____ to my credit card (please complete the information below).

Mr. Mrs. Ms. Dr.

First Name: _____ Last Name: _____

Address: _____

City: _____ Prov. _____ Postal Code: _____

Phone: _____ Alt Phone: _____

Email: _____

Credit Card Information: Visa MasterCard

Card Number: _____

Exp.: _____ CVV _____

Card holder name: _____

Signature: _____

You will receive a tax receipt at the beginning of each year for donations processed during the previous calendar year.

Charitable Registration Number: 119 205 144 RR0001