



Thank you for supporting ESYO!

Your questions and feedback are very important to us. Please feel free to contact us at info@esyjo.org or call 518- 382-7581. Please print this form and complete the information below to ensure proper preparation of your tax receipt (please print clearly).

DONATION DETAILS

Today's Date _____ **Donation Amount** _____

Please mark with an "x" where you would like your money to go. This will enable us to apply your donation where you intend.

- Where It Is Needed Most Scholarship Fund Instrument Fund
- CHIME Other (please specify): _____

Will your employer match your gift? Which Company? _____

PAYMENT METHOD

Check Enclosed: If you have chosen a specific area for donation, please indicate that area on the memo line of your check.

Credit Card: Please complete the information below.

Card Type _____ **Card Number** _____

Expiration ____/____ **Security Code** _____

Name as it appears on card _____

Signature _____

Please mail this completed form to:

Empire State Youth Orchestra
432 State Street
Schenectady, NY 12305

DONOR INFORMATION

Donor Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Email: (optional) _____

Telephone Number: (optional) _____ Home Mobile

ACKNOWLEDGMENT

For all donations, please list your name(s) as you would like it to appear in our program book listings (separated by commas):

Name(s) to acknowledge _____

I would like this donation to remain anonymous

DEDICATION INFORMATION (OPTIONAL)

Dedication Type _____

Dedication Honoree Name _____

Personal note to be included with acknowledgment _____

DEDICATION HONOREE ACKNOWLEDGMENT (OPTIONAL)

First Name _____ Last Name _____

Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Email: (optional) _____

Thank you for your support!