

Wisconsin State Honors Music Project Endowment

Please return to:
Wisconsin Foundation for School Music
1005 Quinn Drive
Waunakee, WI 53597

Pledge Form

DONOR INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

CONTRIBUTION INFORMATION:

I/we gift the sum of \$ _____ to endow a chair for the WSMA State Honors Music Project as follows:

Conductor of _____ (Name of Performing Group)

Student Musician in High School State Honors OR Middle Level State Honors

Name of Performing Group _____ Instrument or Voice _____

Other Criteria for this Gift _____

One-time Gift Information:

A one-time gift amount of \$ _____ is attached.

OR Bill me for my one-time gift of \$ _____ on (date): _____.

OR Charge my one-time gift to MasterCard Visa # _____

Expiration Date: ____/____/____ Name on card: _____

Pledge Information:

Pledge payments of \$ _____ to start in: Month: _____ Year: _____ Pledge payable over: 3 years 5 years

Bill me: Annually Semi-annually Quarterly

An initial pledge payment in the amount of \$ _____ is attached (optional).

Make checks payable to:
**Wisconsin Foundation for
School Music**

The acknowledgement and subsequent listing of my/our gift should appear as follows (please print clearly):

OR Please **do not** publish my name as a contributor to the Endowment.

OR **This gift is** In memory of In honor of

Signature: _____ Date: _____

WISCONSIN FOUNDATION FOR SCHOOL MUSIC HAS NOT TRANSFERRED ANY GOODS OR SERVICES IN EXCHANGE FOR THIS GIFT. THEREFORE, THE FULL AMOUNT STATED MAY BE TREATED AS A DEDUCTIBLE CONTRIBUTION IN THE YEAR GIVEN FOR FEDERAL INCOME TAX PURPOSES. MAKE CHECKS PAYABLE TO THE WISCONSIN FOUNDATION FOR SCHOOL MUSIC.