



Monthly Donation Form

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____ Phone: _____

Yes, I would like to make an automatic monthly gift of:

\$25 \$50 \$100 \$250 \$500 Other: \$_____

Please charge my donations to my

Visa MasterCard

Card # _____

Expiry Date ___/___

Name on Card: _____

Signature: _____

NYOC is pleased to recognize donations of \$500 or more on our website at nyoc.org

Please recognize me/us as:

Donor Name: _____

-or-

Anonymous

Please return this completed form to:

National Youth Orchestra Canada

59 Adelaide St., Suite 500 • Toronto, ON • M5C 1K6

Toll Free: 1-888-532-4470 • Toronto: 1-416-532-4470 • www.nyoc.org/donate

Our charitable registration number is 10776 4557 RR0001

Thank you for supporting Canada's next generation of professional orchestral musicians!