



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:

NYO Canada 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:

NYO Canada
59 Adelaide St., Suite 500 · Toronto, ON · M5C 1K6

Toll Free: 1-888-532-4470 · Toronto: 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!