



D ONOR FORM

FAMILY/PERSON DONATING: _____

PHONE: _____ E-MAIL: _____

ADDRESS: _____

OR

BUSINESS DONATING: _____

CONTACT PERSON: _____ PHONE: _____

ADDRESS: _____

D ONATION IS IN HONOR OF: _____

LEVELS OF GIVING:

NOTE (\$5 and above) : \$ _____

CHORD (\$100 and above) : \$ _____

OCTAVE (\$500 and above) : \$ _____

SCALE (\$1,000 and above) : \$ _____

Other Amount: \$ _____

Please make checks payable to: CCPOPS

Thank you! You will receive a letter which will serve as your tax receipt.

Send form to or for questions contact:
Carol Jamison (978) 369-9980 <caroldjamison@aol.com>
1370 Main Street, Concord, MA 01742