



*Hot Springs / Hot Springs Village*  
**Symphony Guild** INC.

*P.O. Box 8354 • Hot Springs Village, Arkansas 71910-8354*  
*www.symphonymusic.org*

Donor Information – Please complete the form and mail to the address above.

Date: \_\_\_\_\_

Name(s): \_\_\_\_\_ e-mail address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Thank you for your donation! Your extra contributions above and beyond dues make it possible for us to reach our music education goals. Donors at the named levels are recognized in our programs. To determine the recognition level, we accumulate donations received throughout our fiscal year.

\$1000 \_\_\_ Benefactor      \$750 \_\_\_ Symphony Circle      \$500 \_\_\_ Sponsor  
\$250 \_\_\_ Patron      \$100 \_\_\_ Associate      \$50 \_\_\_ Friend  
\$35 \_\_\_ Contributor      \$ \_\_\_\_\_ Other Amount

Please indicate if your check includes membership dues by circling the appropriate membership level:

- Individual (\$20)
- Couple (\$40)

If your company offers matching gifts, please provide the form and indicate the company name.

Matching Gift From: \_\_\_\_\_

Is this an honorary or memorial gift? Y/N. If yes, please provide the additional information below.

Gift in honor of \_\_\_\_\_

Gift in memory of \_\_\_\_\_

Please provide contact information of the person we should notify of your gift. We will not disclose the amount of the gift in the acknowledgement.

Name: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_