



Donor Information (please print or type)

WCMS

Waverly Chamber Music Series
bringing people together for the enjoyment of community and music

Name _____

Billing address _____

City, ST Zip Code _____

Phone 1 | Phone 2 _____

Email _____

Pledge Information

I (we) pledge a total of \$_____ to be paid:

now monthly quarterly yearly.

I (we) plan to make this contribution in the form of:

cash check credit card other.

Credit card type | Exp. date / _____

Credit card number/CV _____

Authorized signature _____

Gift will be matched by (company/family/foundation) _____

form enclosed form will be forwarded

Acknowledgement Information

Please use the following name(s) in all acknowledgements: _____

I (we) wish to have our gift remain anonymous.

I do not wish to be added to the WCMS mailing list

Please make checks
payable to: WCMS

waverlychambermusic@gmail.com
www.waverlychambermusic.org

Waverly Chamber Music Series
P.O. BOX 173 Waverly, IA 50677