

Donor/Pledge Form

Maryland Opera

1900 St. Paul Street
Baltimore, Maryland 21218
Phone: (410) 900-1161

Please mail completed form to Maryland Opera at the above address.

Donor Information (please print or type)

Name _____
Billing address _____
City, State, Zip Code _____
Phone _____
Fax | Email _____

Donation

I (we) donate \$ _____ to Maryland Opera. (Please make checks payable to Maryland Opera.)

Pledge

I (we) pledge a total of \$ _____

Payment(s) will be paid in the amount of \$ _____ monthly quarterly yearly

Other: _____

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

Other: _____

Acknowledgement Information

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

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

Signature(s)

Date

