



## 2025 Annual Fund Gift Form

Thank you for supporting the Columbus Symphony. Your support is imperative to the continued vitality of the Columbus Symphony, and we are deeply grateful for your generosity. The CSO fiscal year runs concurrent with the concert season. Gifts pledged between September 1, 2024 and August 31, 2025 will be recognized in the 2025 Fiscal Year.

### Donor Information

Donor Name \_\_\_\_\_  I/We wish to remain anonymous

Contact \_\_\_\_\_  
(if Business)

Address \_\_\_\_\_

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

Phone \_\_\_\_\_  home  cell  work

Email \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

### Gift Information

Gift Amount \$ \_\_\_\_\_ Date \_\_\_\_\_

Matching Gift. (A matching gift will be made by my employer: \_\_\_\_\_)

#### Payment Options:

<input type="checkbox"/> Check. (made payable to Columbus Symphony)
<input type="checkbox"/> Pledge. \$ _____ To be paid by: _____ (Date)
Please Sign to Verify Pledge: _____
<input type="checkbox"/> Credit Card. <input type="checkbox"/> One Time Gift of \$ _____
<input type="checkbox"/> Recurring Gift* to be charged monthly in the amount of \$ _____
<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually for 3 years
Until: _____ (date) <input type="checkbox"/> No end date
Card Number _____ Exp. _____ CWV: _____
<input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Disc <input type="checkbox"/> Amex Signature _____

\*Recurring gifts will be charged on the 15<sup>th</sup> of each month. Gifts with no end date will remain in effect until CSO receives written notification. Recurring and multi-year pledges will be recognized as a member of the Columbus Symphony Champions.

### Tribute Gifts

This gift is in memory / honor of (circle one) \_\_\_\_\_

Please Notify \_\_\_\_\_

Address \_\_\_\_\_

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