

Mail Your Donation or Membership Fee

Complete this form and mail it with your check or credit card info to:

Seacoast Jazz Society, PO Box 64, Portsmouth, NH 03802

Check Enclosed for \$ _____ Charge my Credit Card for \$ _____

Card No. _____ Exp. Date ____/____/____ CVC _____

Add 3% to the total amount to help cover the payment processing fees. Yes No

Your membership/donation is tax-deductible. Questions: email us at sjsjazz@gmail.com

- | | |
|---|--|
| <input type="radio"/> \$50 - Friend | <input type="radio"/> \$1,000 - Bandleader (Sponsor) |
| <input type="radio"/> \$100 - Contributor | <input type="radio"/> \$2,500 - Stakeholder (Sponsor) |
| <input type="radio"/> \$250 - Supporter | <input type="radio"/> \$5,000 - Composer (Sponsor) |
| <input type="radio"/> \$500 - Director | <input type="radio"/> \$10,000 - Jazz Master (Sponsor) |
| | <input type="radio"/> \$ <input type="text"/> |

Your Name *

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Prefix	First Name	Last Name	Suffix

Email *

Phone *

Address *

Address Line 1

Address Line 2

<input type="text"/>	<input type="text"/>	<input type="text"/>
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City

State/Province

ZIP/Postal Code

Country

Are you a musician?

Yes

Is this on behalf of, or in memory of, someone else?

Yes__ For Whom: _____

Purpose: _____
