



ORCHESTRE
SYMPHONIQUE
DE MONTRÉAL



HONOUR
CIRCLE

MEMBERSHIP FORM

GIFT

\$2,000 \$3,000 \$5,000 \$10,000 OTHER: _____

ENCLOSED IS A CHEQUE PAYABLE TO "ORCHESTRE SYMPHONIQUE DE MONTRÉAL"

GIFT OF SECURITIES (PLEASE CONTACT US)

Visa MasterCard American Express

CARD NUMBER: _____ EXPIRY: ____/____

MONTHLY PAYMENTS (by credit card only)

**PUBLICATION OF YOUR NAME
IN THE CONCERT PROGRAMMES:** _____

I WOULD LIKE TO LEARN MORE ABOUT PLANNED GIVING

HONOUR CIRCLE DIRECT LINE | 514 840-7448

PERSONAL INFORMATION

SURNAME _____ GIVEN NAME _____

ADDRESS _____

TEL. _____ OFF. _____ CELL. _____

EMAIL _____

TAX RECEIPT

IN MY NAME: _____

IN MY COMPANY NAME: _____

COMPANY ADDRESS _____
