

**Southampton Community Band  
2018-2019 Membership/Donation Form**

**My Membership/Donation:**

**YES!** Please send me a 2018/2019 subscription membership card.

- Family \$ 40
- Senior Citizen Couple (2 Seniors, 1 Card) \$ 35
- Adult \$ 25 each
- Senior Citizen \$ 20 each
- Student \$ 20 each

**YES!** My tax-deductible donation is enclosed.

- John Philip Sousa \$500 +
- Louis Armstrong \$250 +
- Band of Angels \$100 +
- George Gershwin \$ 75 +
- Enrico Caruso \$ 50 +
- Vincent Persichetti \$ 30 +
- Patron \$ 10 +
- Scholarship Fund (specify amount) \$ \_\_\_\_\_

**Amount Enclosed:**

**Membership** \$ \_\_\_\_\_  
**Donation** \$ \_\_\_\_\_  
**Total** \$ \_\_\_\_\_

**Name** (please print):

**New Address**

Title (Mr., Mrs., Ms.)      **First**      **Last**

**Address** \_\_\_\_\_

**City** \_\_\_\_\_

**State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Telephone** \_\_\_\_\_

**I (still) want to Go Green!** Send newsletters to my e-mail address below.

**E-mail** \_\_\_\_\_

**YES!** I want to be on your Mailing List.

**YES!** Call me for Volunteer Service.

*I do not wish my name to be in the program.*

*Please make checks payable to:*  
**Southampton Community Band**  
P.O. Box 415  
Southampton, PA 18966-0415

**Gift Membership/Donation:**

**YES!** I'd like to give a 2018/2019 gift membership.

- Family \$ 40
- Senior Citizen Couple (2 Seniors, 1 Card) \$ 35
- Adult \$ 25 each
- Senior Citizen \$ 20 each
- Student \$ 20 each

**YES!** I'd like to give a tax-deductible gift donation.

- John Philip Sousa \$500 +
- Louis Armstrong \$250 +
- Band of Angels \$100 +
- George Gershwin \$ 75 +
- Enrico Caruso \$ 50 +
- Vincent Persichetti \$ 30 +
- Patron \$ 10 +
- Scholarship Fund (specify amount) \$ \_\_\_\_\_

In Memory of:       In Honor of:

Name (please print) \_\_\_\_\_

**Gift Amount Enclosed:**

**Membership** \$ \_\_\_\_\_  
**Donation** \$ \_\_\_\_\_  
**Total** \$ \_\_\_\_\_

**From** (please print):

Title (Mr., Mrs., Ms.)      **First**      **Last**

**Address** \_\_\_\_\_

**City** \_\_\_\_\_

**State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Telephone** \_\_\_\_\_

Please send the gift membership card and/or donation acknowledgement to my address.

**To** (please print):

Title (Mr., Mrs., Ms.)      **First**      **Last**

**Address** \_\_\_\_\_

**City** \_\_\_\_\_

**State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Telephone** \_\_\_\_\_