I/we wish to contribute to the MARCELLA SEMBRICH MEMORIAL ASSOCIATION at the following level:

❍OVATION	$2,000 and above	❍CONCERTO	$200 and above	❍BUSINESS	$50 and above
❍ENCORE	$1,000 and above	❍SONATA	$100 and above	❍INDIVIDUAL	$40 and above
❍CADENZA	$500 and above	❍FAMILY	$70 and above	❍SENIOR CITIZEN/ STUDENT	$35 and above

This contribution is for: ❍New Membership ❍Renewal Membership ❍Gift Membership

❍Additional Donation ❍Annual Appeal ❍Memorial Donation ❍Other_____

I/we wish to make this gift ❍in memory of ❍in honor of_____

Please notify the following of this gift:

Name: _____

Address: _____ City: _____ State:_____ Zip Code: _____

❍I/we would like this gift to remain anonymous

Name: _____
(as you wish it to appear in print)

Address: _____ City: _____ State:_____ Zip Code: _____

❍My check in the amount of $_____ is enclosed. Please make Checks payable to MSMA, Inc.

❍Please charge my credit card for $_____ ❍VISA ❍MasterCard ❍AmEX ❍Other (_____)

Acct # _____ Exp Date: _____

Signature_____

Please mail to: Marcella Sembrich Memorial Association, Inc. | P. O. Box 417 | Bolton Landing , NY 12814 THANK YOU FOR YOUR SUPPORT!