

# HONOLULU CHAMBER MUSIC SERIES

## DONATION FORM

---

Send this form along with your check, money order, or VISA/MASTERCARD information to  
HONOLULU CHAMBER MUSIC SERIES, PO Box 2233, Honolulu, HI 96804-2233.

(choose one)      Mr.      Mrs.      Ms.      Miss      Dr.

Name (First MI Last) \_\_\_\_\_

Address: \_\_\_\_\_

Address 2: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Donation to HCMS:** *Please check category of choice*

Friend: \$50-\$199

Associate: \$200-\$499

Supporter: \$500-\$999

Patron: \$1000-\$2499

Quartet Circle: \$2500 to \$4999

Quintet Circle \$5000-\$25,000

**Gift or donation to HCMS \$** \_\_\_\_\_

Check / money order payable to: HONOLULU CHAMBER MUSIC SERIES

Credit Card Charges (Visa/Mastercard only)

Credit card type (check one):      Visa      Mastercard

Credit Card number: \_\_\_\_\_

Expiration date (MM/YYYY): \_\_\_\_\_

Your signature: \_\_\_\_\_