

YES!

I would like to support **GTCYS.**

- | | |
|----------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> \$ 5,000 President's Club | <input type="checkbox"/> \$ 250 Patron |
| <input type="checkbox"/> \$ 2,000 Principal's Club | <input type="checkbox"/> \$ 100 Donor |
| <input type="checkbox"/> \$ 1,000 Symphony Club | <input type="checkbox"/> \$ 50 Friend |
| <input type="checkbox"/> \$ 500 Benefactor | <input type="checkbox"/> Other _____ |

Name _____

Address _____

City _____ State _____ Zip _____

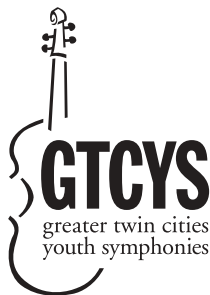
Phone _____

- My employer will match my gift**
Name of employer: _____
- My check payable to GTCYS is enclosed.**
(Payments by check save GTCYS money)
- Please charge my credit card**
- Visa
- MasterCard

Card Number _____ Exp. Date _____

Name as it appears on card _____

- Please accept my/our pledge of \$ _____**
Made payable in the month of _____



528 Hennepin Avenue, Suite 404
Minneapolis, Minnesota 55403-1810
phone 612-870-7611 fax 612-870-7613
www.gtcys.org mail@gtcys.org