



Donation Form

Your advertising and donations are what keep us going—thank you for your support!

Ticket revenue does not cover the full cost of our concert performances; donations in any amount help us to continue our mission of enhancing the cultural environment of the Fall River area through song.

If you enjoy choral music and would like to support us, please send your tax-deductible donation to the address above.

Make checks payable to *South Coast Community Chorale* and indicate whether you are making a donation on behalf of an organization or loved one.

We will list the organization or loved one's name and donor level in our concert program, unless you leave the line blank*.

Donations of \$50 or more receive 2 complimentary tickets to our performance.

Submission Deadlines

- Spring Concert – 3rd Wednesday of April
- Holiday Concert – 3rd Wednesday of November

Donor Levels	
Benefactor	\$1,000.00+
Patron	\$500.00 – 999.99
Maestro	\$250.00 – 499.99
Virtuoso	\$100.00 – 249.99
Star Performer	\$50.00 – 99.99
Vocalist	\$25.00 – 49.99
Friend	Up to \$24.99

Your donation is tax-deductible.
 The South Coast Community Chorale is a
 501(c)(3) non-profit organization.

Contact Information (Please fill out completely.)	
* Organization or Loved One (if applicable) _____	Amount of Donation: _____
Name _____	
Address _____	Circle one: CASH / CHECK _____
City/State/ZIP _____	
Phone _____	Check #: _____
Email _____	
Website _____	
Name to appear on SCCC website _____	
If your donation is on behalf of an organization, we will link our website to its website or Facebook page.	

Donor information or payment received after the submission deadline may not be included in the current concert's program, but will run in the next concert's program.

Please keep me informed about upcoming concerts and events: ___ YES ___ NO

Thank you for your support from all of us at the South Coast Community Chorale!

Chorale Member Name: _____ Phone: _____ Email: _____

SCCC USE ONLY Complimentary tickets given by: _____ Qty: _____ Ticket #'s: _____

Year: _____ Semester: Spring / Fall