

## FRIENDS OF THE ST. CLAIR SHORES COMMUNITY CHORUS INC. MEMBERSHIP FORM

### FRIENDS OF THE CHORUS GIVING LEVELS

- All “Friends of the Chorus” will be listed in all concert programs that the SCSCC produces for the calendar year.
- Friends at the \$250 level or above are entitled to complimentary tickets as indicated below.
- Complimentary tickets are not available for special events.
- Complimentary tickets are only available directly through the SCSCC.
- Be sure to check <https://www.scscommunitychorus.org/> for additional details about the chorus as they become available.

LEVEL	GIFT	BENEFITS
Platinum Note	\$1000 or greater	6 complimentary tickets
Gold Note	\$500	4 complimentary tickets
Silver Note	\$250	2 complimentary tickets
Bronze Note	\$100	
Chorus Supporter	\$99 and less	

*The St. Clair Shores is a 501(c)(3) organization. Contributions are deductible to the extent allowed by law.  
The value of tickets received may receive that value of your deduction by that amount.  
Consult with your tax advisor if you have any questions.*

Return the bottom portion with your donation.

### “FRIENDS OF THE ST. CLAIR SHORES COMMUNITY CHORUS” CONTRIBUTOR INFORMATION

Donor’s Name \_\_\_\_\_ As a Memorial\* \_\_\_\_\_  
 (as it should appear in the program) PLEASE PRINT (name as it should appear in the program)

\*Note: Program listings will appear exactly as the name given about under the Giving Level categories. If you wish your gift to be listed in memory of someone, it will be listed in a separate “In Memoriam” section with no giving level indicated. Please indicate your preference.

\_\_\_\_\_ **Standard giving level listing**      \_\_\_\_\_ **” In Memoriam” listing (Be sure to complete the second blank above)**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Zip \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Send your tax-deductible contribution to: SCSCC, Inc. c/o Treasurer, 22943 Violet Street, St. Clair Shores MI 48082

Date \_\_\_\_\_ Contribution Amount \$ \_\_\_\_\_

Check# \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

ZELLE Deposit \_\_\_\_\_ Date \_\_\_\_\_ (Contact Treasurer for instructions at [scscommunitychorus@gmail.com](mailto:scscommunitychorus@gmail.com))

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Consult your tax advisor.*