FRIENDS OF THE ST CLAIR SHORES COMMUNITY CHORUS INC MEMBERSHIP FORM

FRIENDS OF THE CHORUS GIVING LEVELS

- All "Friends of the Chorale" 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 Cabaret or 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 Community Chorus is a 501(c)(3) organization. Contributions are deductible to the extent allowed by law.

The value of tickets received may reduce the 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*: ___ PLEASE PRINT (Name as it should appear) (as it should appear in the program) *Note: Program listings will appear exactly as the Name given above 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 which you prefer. ____ "In Memoriam" listing (Be sure to complete the second blank up above.) Standard giving level listing City State Address Zip ______ Phone _____ E-mail Address _____ (Including area code) 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: _____

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ZELLE Deposit______ Date_____ (Contact Treasurer for instructions @ scscommunitychorus@gmail.com)