

<b>YES!</b> I/We will make a difference with a gift of \$		
or a monthly pledge of \$		
$\ \square$ My monthly pledge will charge my credit card each month for the next 12 months.		
NAME (for recognition purposes)		
ADDRESS		
CITY/STATE/ZIP		
DAYTIME PHONE EN	1AIL	
$\ \square$ I give the SLSO permission to send invita	tions and giving op	portunities to this address.
METHOD OF PAYMENT		
Check (payable to the St. Louis Symphony Orch	estra)	
☐ MasterCard ☐ Visa ☐ Am/Ex	☐ Discover	
CARD NO.	CVV	EXP. DATE
My gift will be matched by:(please enclose company form)		
☐ I wish to remain <i>Anonymous</i> in all publi	ications.	
☐ Please send me a copy of the SLSO Plan	nned Giving Optio	ns brochure.
$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	olan.	
PLEASE RETURN THIS FORM TO CUST	OMER SERVICE	IN THE FOYER

Attn: Office of Philanthropy 718 North Grand Boulevard

St. Louis, MO 63103