



KANSAS CITY SYMPHONY

CORPORATE PLEDGE FORM FISCAL 2010

Your partnership and support of the Kansas City Symphony is appreciated. To confirm your sponsorship and reserve associated benefits, please complete, sign and return this form in the enclosed return envelope. Thank you!

Company/Foundation Name (as you wish it to appear in program):

Contact Name: _____

Title: _____

Phone: _____

E-mail Address: _____

Street Address: _____

City/State/Zip: _____

Pledge or contribution amount \$ _____ Pledge year(s) FY _____

Check enclosed payable to the Kansas City Symphony.

Pledge payments: \$ _____ each _____ beginning _____
(period) (date)

Other pledge schedule _____

Please send an invoice on this date _____

This gift is anonymous.

As one of our valued corporate/foundation partners, ticket vouchers with a non-deductible value of \$30 per ticket are included in your benefits. Check the box if you wish to decline the benefit.

If applicable, please list Classical Concert Weekend, Weeknight or Guest Artist Sponsorship of choice to be reserved:

For the Corporation/Foundation/Date

For the Kansas City Symphony/Date