



Living Room Society

Donor Information (please print clearly)

Name(s)	
Street Address	
City	
State / ZIP Code	
Telephone	
E-MAIL (USE ALL CAPS)	

Gift Information

I (we) would like to make a one-time gift of \$_____

I (we) would like to pledge to join LRS for \$_____ annually to be paid by _____

I (we) would like this LRS participation to recur annually for _____ years.

I plan to increase my impact with a matching gift from_____

Signature_____ Date_____

Acknowledgement Information

Please use the following names in all acknowledgements (please print clearly):

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___ I (we) prefer for our gift to remain anonymous

Payment Information

- A check is enclosed, payable to Tosco Music with the memo noting: "LRS"
- I (we) intend to mail a check or make an online payment (card/ACH) by _____
- I (we) prefer to make payments: monthly / quarterly / annually / on this date_____
- I (we) authorize Tosco Music to charge my (our) card \$_____:

Card Type	VISA Mastercard Discover
Name on card/account	
Card Number	
Expiration Date	
Security Code	
Billing Street Address	
Billing City, State ZIP	
Charge Amount	\$ _____ __one-time __monthly __quarterly __annually
Authorized signature	

Card/Bank Payments are processed in PCI Certified SafeSave; form will be shredded. Tax ID: 56-2135861
LRS donors receive benefits as Patron members which expire 12 months from pledge date.

Thank you for your support!