

FRIENDS OF THE METROPOLITAN DETROIT CHORALE, INC. MEMBERSHIP INFORMATION

August 1, 2024

FRIENDS OF THE CHORALE GIVING LEVELS

- All "Friends of the Chorale" will be listed in concert programs the Chorale produces.
- Friends at the \$200 level or above are entitled to complimentary tickets as indicated below.
 - Complimentary tickets are not available for Cabaret.
 - Comp tickets are only available directly through MDC.
 - Be sure to check www.metropolitandetroitchorale.org for additional details as they become available and to find links for purchasing tickets.

Director's Circle	\$1,000	-	Six complimentary \$25 tickets
Maestro Club	\$ 500	-	Four complimentary \$25 tickets
Grand Benefactors	\$ 200	-	Two complimentary \$25 tickets
Benefactors	\$ 100		
Supporter	\$ 99 or less		

Donations in any amount are gratefully appreciated.

The value of tickets or other goods received must be deducted from the amount of your donation when including it in tax calculations. MDC, Inc. is a 501 (c)(3) corporation. Contributions are deductible to the extent allowed by law. Consult your tax advisor.

NOW AVAILABLE!

DONATE ONLINE at www.metropolitandetroitchorale.org

Click on "Support the Chorale" at the left side of the HOME page.

Donate securely and receive an immediate email confirmation.

Return the bottom portion with your donation.

"FRIENDS OF THE METROPOLITAN DETROIT CHORALE" CONTRIBUTOR INFORMATION

Donor's Name _____ As a Memorial* : _____
(as it should appear in the program) **PLEASE PRINT** (Name as it should appear)

*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.
____ Standard giving level listing ____ "In Memoriam" listing (Be sure to complete the second blank up above.)

Address _____ City _____ State _____

Zip _____ (+4) Phone _____ (including area code) E-mail Address _____

Send your tax-deductible contribution to:
MDC, Inc. c/o Secretary, P.O. Box 1320, Sterling Heights, MI 48311-1320

Date: _____ Contribution Amount \$ _____

____ Visa/MC/Discover Credit Card No: _____ CVV: _____

Name as it appears on card: _____

Billing Address, if different from above: _____

____ Check# _____ Expiration Date: _____ Signature: _____

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