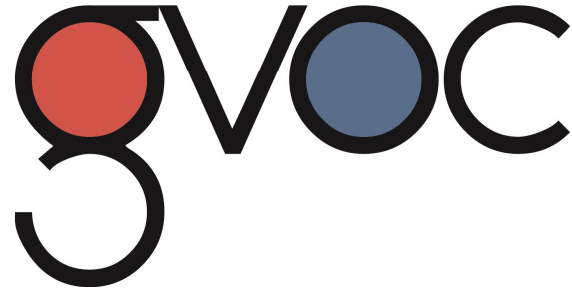


GVOC 2015-2016 Annual Campaign



Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

Yes, Please add me to the GVOC e-mail list.

E-mail: _____

For up-to-date concert information or to purchase tickets online visit
www.gvoc.org

Please return this form to GVOC, P.O. Box 177, Fairport, NY 14450

CAMPAIGN DONATION

I would like to support the GVOC at the Sponsorship tier of:

Benefactor \$1000+ Trustee \$750+ Conductor's Circle \$500+

Chorus Angel \$250+ Orchestra Ring \$150+ Other _____

Song Dedication \$250

Please charge my credit card listed on the front.

Yes, include my/our name in the concert program as a campaign donor

(please print): _____

Summary of totals from back page

Campaign Donation \$ _____

Tickets Ordered \$ _____

Song Dedication \$ _____

Total \$ _____

Discover/MC/Visa

Card No:

Expiration Date: / Security Code _____

Signature: _____

Check payable to GVOC