



DONATION FORM

Please fill out this form and make your check or money order payable to The ASCAP Foundation. Please mail to the address listed below. Thank you!

Yes, I want to support the mission of The ASCAP Foundation. Please accept my donation of:

- | | | |
|--------------------------------|----------------------------------|---|
| <input type="checkbox"/> \$35 | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$5,000 |
| <input type="checkbox"/> \$50 | <input type="checkbox"/> \$500 | |
| <input type="checkbox"/> \$100 | <input type="checkbox"/> \$1,000 | <input type="checkbox"/> OTHER \$ _____ |

- Please recognize this as an anonymous gift in The ASCAP Foundation's annual donor listing.
- In memory of: _____
- In honor of: _____
- Send me a free planned giving guide and information about **The Legacy Society**

Name: _____

Address _____

City: _____ **State:** _____ **ZIP:** _____

Phone: _____

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ASCAP Member # (if applicable): _____

Note: _____

Mail contribution to:

The ASCAP foundation
1900 Broadway
New York, NY 10023

Questions? Contact Rebecca Kasilag, Development Associate, at 212-621-8347
The ASCAP Foundation is a 501(c)(3) public foundation and your contributions are tax-deductible.