



Make A Gift

The Robbinsdale City Band relies on individuals such as you to support and maintain our tradition of community services and history of ambassadorship. All contributions are tax-deductible and will be recognized in our concert programs. Thank you for your commitment to bringing the gift of great music to our community. Please fill out our gift form and mail it with your check to the Robbinsdale City Band.

Name(s): _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _(____)_____

E-mail: _____

I/We would like to support the Robbinsdale City Band as a:

- | | | | |
|--------------------------|--------------------|-------------------|-------------------------------------|
| <input type="checkbox"/> | Contributor | Up to \$25 | |
| <input type="checkbox"/> | Friend of the Band | \$25 - \$49 | |
| <input type="checkbox"/> | Patron | \$50 - \$99 | |
| <input type="checkbox"/> | Benefactor | \$100 - \$249 | Gifts at the Patron level and above |
| <input type="checkbox"/> | Guarantor | \$250 - \$499 | may be designated |
| <input type="checkbox"/> | Artist's Circle | \$500 - \$999 | in honor or memory of |
| <input type="checkbox"/> | Director's Circle | \$1,000 and above | choosing. |

Gift Amount: \$ _____

- A matching gift will be made by:

Please check with your Human resources department for eligibility, and submit the form supplied by the company to:

Robbinsdale City Band, 4100 Lakeview Avenue, Robbinsdale MN, 55422

- I/We would like to be recognized as _____ in RCB publications, as applicable.
- I/We choose not to be recognized.
- As a Patron or above donor, I/We would like to designate this gift:
- in honor of: _____
- in memory of: _____
- I have remembered the Robbinsdale City Band in my will.
- Please send me information about how to include the Robbinsdale City Band in my will or estate plan.

For more information on the Robbinsdale City Band visit our web site at
<http://www.RobbinsdaleCityBand.org>