



MEMBERSHIP / DONATION FORM

Yes, I would like to activate/renew my membership to the Chopin Foundation!
(Please check one membership level)

- | | | | | |
|--------------------------|-----------------------|------------|--------------------------|------------|
| <input type="checkbox"/> | Corporate/Sponsor | \$5,000.00 | | |
| <input type="checkbox"/> | Benefactor | \$1,000.00 | | |
| <input type="checkbox"/> | Patron | \$500.00 | | |
| <input type="checkbox"/> | Dual Membership | \$350.00 | | |
| <input type="checkbox"/> | Individual Membership | \$200.00 | | |
| <input type="checkbox"/> | Additional Gift | \$ _____ | | |
| | | | TOTAL: \$ _____ | |
| <input type="checkbox"/> | Renewal | | <input type="checkbox"/> | New Member |

- I cannot join now, but enclosed is my tax deductible gift in support of the Chopin Foundation and its programs: \$ _____
- Please contact me regarding planned giving, and/or in-kind contribution

Post-concert elegant buffet dinner(s) @ \$60 pp/per concert:

- November 20, 2016 # _____ @\$60 = \$ _____
- January 15, 2017 # _____ @\$60 = \$ _____
- March 26, 2017 # _____ @\$60 = \$ _____

TOTAL: \$ _____

Please make check payable to: **Chopin Foundation of the United States**

My/Our check for \$ _____ is enclosed.

Name: _____ Spouse/Partner _____

Mailing address: _____

City, State, Zip code: _____

Day phone #: _____ Evening/cell #: _____

Email: _____

Mail to: Chopin Foundation of the United States
1440 79th St. Causeway, Suite 117
Miami, FL 33141

To pay by credit card please visit www.chopin.org (see Membership tab)
or call (305) 868-0624 for more information and assistance.