## WYSO Programs and Events Sponsorship Form

2023-2024 Season

DONOR INFORMATION				
Name(s):				
Please recognize as:				_ 🗌 Anonymous
Address:				
City:	State:		Zip: _	
Phone:	Email:			
SPONSORSHIP INFORMATION				
I/we give/pledge the amount of \$		to spo	nsor the progr	ram listed below:
	(Program or	Event)		
Payable in an amount(s) of \$	made	□one-time	$\square$ monthly	□quarterly,
beginning/*				
*Sponsorship pledges must be	e paid in full by t	he end of our fis	cal year, <b>June 3</b> 0	0, 2024.*
Make payable to: Wisconsin Youth Syr	mphony Orche	stras.		
Signature:		[	)ate:	
Note:				
Contact Susan Gardels, Director c	of Development	and Communic	ations (608) 733	-6283 ext 4.

Wisconsin Youth Symphony Orchestras PO Box 258039 Madison, WI 53725-8039 Wysomusic.org

WYSO is a 501c3 nonprofit corporation. All gifts are deductible to the fullest extent allowed by the law.