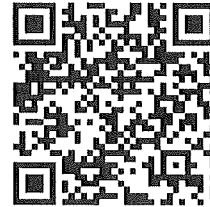


Please fill out and detach the below portion and return with your contribution in the envelope provided, visit our website

www.smpasummit.org

or use the QR Code to donate online. Thank you!



Summit Music Parents Association (SMPA) Membership

My tax-deductible SMPA membership contribution is:

Family Member \$20 Music Novice \$25 Music Lover \$50

Music Aficionado \$100 Music Virtuoso \$250 Other \$ _____

Total Amount Enclosed \$ _____. Please make checks payable to "SMPA."

Name _____

(as it will appear in concert programs)

Address _____

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School Affiliation(s) _____

I am interested in learning more about volunteer opportunities with SMPA.

My donation may be eligible for a corporate match from my employer. Please send me information that I can use to apply for matching funds.

Please accept my donation but I request my name be omitted from the Spring Concert program