



SUSTAINER GIVING FORM

YES! I want to GIVE and GIVE MORE by GIVING LESS...!

I want to support The SYMPHONIA as a **Monthly SYMPHONIA Sustainer** at:

\$10 **\$15** **\$20** **\$25** **Other** _____ (minimum \$5)

Please process my monthly gift on the: 1st ___ 10th ___ 20th ___ day of the month

I understand my future donations will be transferred directly from my account as stipulated above. I understand that I may increase, decrease, or suspend my gift at any time through the online donation form at www.harid.edu or by contacting The SYMPHONIA by phone or mail. All donations provided to The SYMPHONIA comply with U.S. laws and regulations.

My monthly SYMPHONIA Sustainer gift will be made by: **Credit Card** **EFT from my bank account**

PLEASE CHARGE MY DONATION TO: **AMEX** **VISA** **MC**

Card #: _____ Exp: ____ / ____ Security # _____

Cardholder Signature: _____ Date: _____

My voided check is enclosed to enable my monthly sustainer gift to be withdrawn electronically from my bank account.

THANK YOU for your support. Your generosity will make a difference!

Dr. Mr. Mrs. Ms.

Name, First/Last: _____

Name for listing: _____ **Anonymous**

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

This gift is made: In Honor of In Memory of _____

Please send acknowledgement to: _____

***Please make a copy of this form for your records or you can request a copy from:
The SYMPHONIA, 2285 Potomac Road, FL 33431
Questions? Contact Annabel at 561-376-3848***