

# Annual Giving: Friends of the YSSO



Contributions from individuals generate approximately 25 percent of the YSSO's annual revenue. *Friends of the YSSO* are listed in Concert Series programs and letters acknowledging annual gifts or other contributions are sent to contributors. *Friends of the YSSO* also receive the YSSO newsletter.

Please keep in mind that it is the policy of the YSSO that all qualified musicians may participate in an ensemble regardless of financial circumstances. Contributions from individuals along with financial support from foundations, agencies, businesses and corporations help underwrite tuition waiver and/or lesson *Scholarships* for YSSO musicians, as well as concert venue and rehearsal facility fees and insurance, the rental or purchase of music, fees for conductors and coaches and operating expenses.

Take a moment to renew your membership, make an additional gift, give a gift in honor of a friend or colleague, or become a new member. The Youth Symphony of Southern Oregon is a nonprofit organization and contributions may be tax-deductible.

Categories of giving include:

- |   |         |                                      |        |
|---|---------|--------------------------------------|--------|
| <input type="checkbox"/> Composer's Circle  | \$5,000 | <input type="checkbox"/> Patron      | \$ 250 |
| <input type="checkbox"/> Musician's Circle  | \$2,000 | <input type="checkbox"/> Sponsor     | \$ 100 |
| <input type="checkbox"/> Conductor's Circle | \$1,000 | <input type="checkbox"/> Contributor | \$ 50  |
| <input type="checkbox"/> Benefactor         | \$ 500  | <input type="checkbox"/> Associate   | \$ 25  |

Please send your contribution to: Youth Symphony of Southern Oregon  
P.O. Box 4291  
Medford, OR 97501

Name(s): \_\_\_\_\_

*(as you wish it to appear in the program)*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## METHOD OF PAYMENT

Enclosed is a contribution in the amount of: \$ \_\_\_\_\_

Please charge the contribution to my:  Visa  MasterCard

Credit Card #: \_\_\_\_\_

Name: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

*(as it appears on the card)*

04/08/09, 08/10/09 SW

P.O. Box 4291

Medford, OR 97501

541-858-8859

yss@mind.net

www.yssso.org