

VIA SALZBURG

Name: _____ Tel: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Fax: _____ E-Mail: _____

I wish to make a tax-deductible donation to Via Salzburg:

\$ _____ **Friends of Via Salzburg** - For donations of **\$20 - \$149**, benefits include a tax receipt.

\$ _____ **Patrons of Via Salzburg** For Donations of **\$150 - \$999**, benefits include a tax receipt and *name recognition in next season's program.

\$ _____ **Salzburg Circle** – For donations of **\$1000 and up**, benefits include a tax receipt, *name recognition in next season's program and an invitation to the Salzburg Circle reception.

Payment Choices:

____ Cheque (payable to **Via Salzburg**) ____ VISA ____ Master Card

Card Number: _____ Expiry Date: ____/____

Name on Card: _____

Signature: _____

*Name(s) as you would like it to appear in the house program:

Please return this completed form to: Via Salzburg, P.O. Box 1116, T.D.C. Postal Station
77 King St. W. Toronto, Ontario, M5K 1P2 or fax the office of Via Salzburg at (416) 972-9193. If you
have any questions, please contact us at (416) 972-9193 or e-mail info@viasalzburg.com.

Thank you very much for your generous donation!

Charitable registration number: 868889148RR0001