



SALT MARSH OPERA

The story is in the music

I enclose my tax-deductible contribution of

\$100 _____ \$250 _____ — \$500 _____ — \$1,000 _____ — \$2,500 _____ — \$5,000 _____ — Other _____

FULL NAME _____

STREET1 _____

STREET2 _____

CITY _____, ST _____ ZIP _____

_____ Please print your name as you wish it to appear in our _____ program.

E-mail _____

_____ I would like to volunteer for Salt Marsh Opera.

Visa _____ MasterCard _____ American Express _____ Card # _____ Exp _____

Signature _____

Phone _____

Please include your matching grant form if applicable.

_____ I am interested in making a gift of stock.

SALT MARSH OPERA

PO Box 227 Stonington, CT 06378 (860) 535 3456 • (888) 788 4188