

CHORUS



Tax Id #77-

Just \$200 per student, per year, will assist in the continuation of this wonderful program. Donation may be made in one payment or 10 monthly payments of \$20.00.

Donation to: Save Our Kids' Music
P.O. Box 2244, Camarillo, Ca 93011
Month: September
Donation Amount: (suggested \$20.00 / month)
Parent Name _____
Student Name _____
Group _____

Donation to: Save Our Kids' Music
P.O. Box 2244, Camarillo, Ca 93011
Month: October
Donation Amount: (suggested \$20.00 / month)
Parent Name _____
Student Name _____
Group _____

Donation to: Save Our Kids' Music
P.O. Box 2244, Camarillo, Ca 93011
Month: November
Donation Amount: (suggested \$20.00 / month)
Parent Name _____
Student Name _____
Group _____

Donation to: Save Our Kids' Music
P.O. Box 2244, Camarillo, Ca 93011
Month: December
Donation Amount: (suggested \$20.00 / month)
Parent Name _____
Student Name _____
Group _____

Donation to: Save Our Kids' Music
P.O. Box 2244, Camarillo, Ca 93011
Month: January
Donation Amount: (suggested \$20.00 / month)
Parent Name _____
Student Name _____
Group _____

Donation to: Save Our Kids' Music
P.O. Box 2244, Camarillo, Ca 93011
Month: February
Donation Amount: (suggested \$20.00 / month)
Parent Name _____
Student Name _____
Group _____

Donation to: Save Our Kids' Music
P.O. Box 2244, Camarillo, Ca 93011
Month: March
Donation Amount: (suggested \$20.00 / month)
Parent Name _____
Student Name _____
Group _____

Donation to: Save Our Kids' Music
P.O. Box 2244, Camarillo, Ca 93011
Month: April
Donation Amount: (suggested \$20.00 / month)
Parent Name _____
Student Name _____
Group _____

Donation to: Save Our Kids' Music
P.O. Box 2244, Camarillo, Ca 93011
Month: May
Donation Amount: (suggested \$20.00 / month)
Parent Name _____
Student Name _____
Group _____

Donation to: Save Our Kids' Music
P.O. Box 2244, Camarillo, Ca 93011
Month: June
Donation Amount: (suggested \$20.00 / month)
Parent Name _____
Student Name _____
Group _____