



League
of American
Orchestras

CAMPAIGN COMMITMENT FORM

DONOR NAME(S): _____

CAMPAIGN GIFT:

I/we wish to support the League of American Orchestras' *Amplify* campaign with a total cash contribution of \$ _____

Via a One-time Payment to be fulfilled before (Month/Year): _____

Via Annual Installments, beginning (Month/Year): _____ and ending on (Month/Year): _____

Funding Priority (if none, please write "Unrestricted"): _____

GIFT RECOGNITION:

Yes, please recognize my/our contribution in the League's publications, listing name(s) as:

No, please do not recognize me/us

Additional Naming Recognition: _____

CONFIRMATION OF INTENT:

Signature(s)

Date

Our campaign to advance and strengthen American orchestras

520 8th Avenue, 20th Floor, Suite 2005, New York, NY 10018

americanorchestras.org amplify@americanorchestras.org 646.822.4009