



## LEADERSHIP FWOPERA 3<sup>rd</sup> and 4<sup>th</sup> YEAR MEMBER AGREEMENT

*(Check one)*

**I agree to renew my Leadership FWOpera membership with the following terms:**

- Agree to give a minimum \$195.00 donation.
- Agree to purchase a **single** Saturday Series season ticket at a 20% discount.
- Endeavor to:
  - Volunteer for Opera Guild Activities
  - Attend opera functions
  - Give advice or serve on one committee and attend meetings regularly

\_\_\_\_\_

Signed Date

**We agree to renew our Leadership FWOpera membership with the following terms:**

- Agree to give a minimum \$295.00 donation.
- Agree to purchase a **pair** of Saturday Series season tickets at a 20% discount.
- Endeavor to:
  - Volunteer for Opera Guild Activities
  - Attend opera functions
  - Give advice or serve on one committee and attend meetings regularly

\_\_\_\_\_

\_\_\_\_\_

Signed Date

### PAYMENT

Enclosed is payment for the full amount of my donation and tickets, including a \$4 handling fee for tickets:

\$ \_\_\_\_\_

Enclosed is \$ \_\_\_\_\_ which represents one third payment of my donation and tickets, including a \$4 handling fee for tickets.

**Balance of donation must be paid in full on or before May 1<sup>st</sup> of this fiscal year.**

Matching gift: \_\_\_\_\_  
*Company Name*

Enclosed is my company's matching gift form.

#### Method of Payment

Check     Visa     MasterCard     American Express

Account Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

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

\_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

**Name as you wish it to appear in our donor listing:**

\_\_\_\_\_