

# The Thomas and Susan Davies Master Chorale Endowment

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone (day): \_\_\_\_\_ (evening): \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Method of payment: ( ) Check ( ) Visa ( ) MasterCard ( ) American Express

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name(s) as you wish it to appear in our program: \_\_\_\_\_

In honor/memory of \_\_\_\_\_

Please mail to: Cuesta Master Chorale

Cuesta College

P.O. Box 8106

San Luis Obispo, CA 93403