



**YES! I would like to
Sponsor a Musician for the
2016-17 Season**

Musician's Name: _____ (Optional)

Principal \$1000 *Full* **Section** \$500 *Full*
\$500 *Half* \$250 *Half* Other \$ _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

**Thank
you
for your
support!**

Check enclosed payable to **SMPS (Santa Maria Philharmonic Society)**

Credit Card # _____ Exp. Date ___/___/___ CRV _____

Cut this payment slip and mail to:

Santa Maria Philharmonic Society

PO Box 375

Santa Maria, CA 93456-0375

Or you can donate on-line at:

santamariaphilharmonic.org