

Support Form

RETURN FORM TO
Omega Ensemble
PO Box 525
Surry Hills NSW 2010

Your Details

Mr Mrs Ms Dr Prof Other

.....
First Name

Last Name

.....
Address

.....
Suburb

State

Postcode

.....
Phone

Email

Your Gift

I would like to make a one-time donation of:

\$50 \$100 \$250 \$500 \$1,000 \$2,500 \$5,000

Other amount _____

OR

Please charge \$_____ as a recurring monthly credit card debit.

Please indicate how you would like your support acknowledged:

.....
E.g. Mr and Mrs John and Jane Smith. Donations can be acknowledged in your name, the name of your family, the name of a business or foundation, in memoriam or anonymously.

Your contribution will be made to our Annual Giving Program. By supporting this Program you enable us to direct your donation where it is needed most, including supporting our musicians, extending our national touring, investing in professional development and access programs, and developing bold new musical works.

If you would like to pledge your support towards one of our giving programs, please donate online or contact us for more information.

All donations over \$2 are tax-deductible. Total annual gifts of \$250 or more will be acknowledged in concert programs and on our website.

Payment Details

I have attached a cheque made payable to **Omega Ensemble Public Fund**

I have made a direct bank deposit to:

Account name: Omega Ensemble Public Fund

BSB: 032 051

Account number: 351 982

Please debit my credit card details below:

Name on Card

Visa Mastercard

.....
Card Number

Expiry

CVV

.....
Signature