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www.smpasummit.org

or use the QR Code to donate online. Thank you!



Summit Music Parents Association (SMPA) Membership

My tax-deductible SMPA membership contribution is:

___ Family Member \$20 ___ Music Novice \$25 ___ Music Lover \$50

___ Music Aficionado \$100 ___ Music Virtuoso \$250 ___ Other \$ _____

Total Amount Enclosed \$ _____. Please make checks payable to "SMPA."

Name _____

(as it will appear in concert programs)

Address _____

Email _____

School Affiliation(s) _____

___ I am interested in learning more about volunteer opportunities with SMPA.

___ My donation may be eligible for a corporate match from my employer. Please send me information that I can use to apply for matching funds.

___ Please accept my donation but I request my name be omitted from the Spring Concert program