

Donation Credit/Debit Card Payment Form

I wish to make a donation in the amount of \$ _____ for the benefit of the Bermuda Piano Festival, a presentation of the Bermuda School of Music. Accordingly, I authorize the Bermuda School of Music (charity #483) to charge such amount to my:

Master Card: Visa:

Credit/Debit Card Number: _____

Expiration Date: _____

Security Number (3 digits) _____

Name as it Appears on Card: _____

Billing Address
for the Credit/Debit Card: _____

Home Tel: _____

Home Email: _____

Office Tel: _____

Office Email: _____

Mobile No: _____

Signature: _____

Dated: _____, 2019

Please Return to: Annette Cook, Business Manager

Via email, at: annettecook@musicsschool.bm

Via post, at: Bermuda School of Music, Suite 436, 48
Par La Ville Road