

**Yes! I want to support the
Blue Ridge Music Center.**



YOUR INFORMATION

Name _____
Address _____
City _____ State _____ Zip Code _____
Phone Number _____ E-mail _____

GIFT INFORMATION

___ \$50 ___ \$100 ___ \$250 ___ \$500 ___ \$1,000 ___ \$2,000 Other _____

I would like to make this a monthly gift

Please use my gift for:

Highest Priority Need

Specific Project: _____

PAYMENT INFORMATION

My check payable to the Blue Ridge Parkway Foundation is enclosed.

Please charge my credit card

Credit Card Number: _____ Exp. Date: _____ CVV: _____

I want to cover the credit card processing fees for my donation, so that 100% of my gift supports the Blue Ridge Parkway.

DEDICATION *Memorial and honor gifts will be acknowledged with a card from the Foundation.*

This gift is in memory/honor (circle one) of: _____

Please notify: _____

Address _____

City _____ State _____ Zip Code _____

Please mail the completed form to:

Blue Ridge Parkway Foundation
717 S. Marshall St., Suite 105B
Winston-Salem, NC 27101-5865

If you have questions, please
call us at (866) 308-2773.