



DONATION FORM

Lamèque International Baroque Music Festival

First Name _____ Name _____

E-Mail _____ Tel. _____

Mailing address _____

The Lamèque International Baroque Music Festival is committed to protect your privacy.

We want to contribute the sum of \$ _____

- Attached is a check made payable to : **Lamèque International Baroque Music Festival**
- In cash, go to the office at 30, rue de l'Hôpital, Lamèque, N.B.
- By credit card, from April 1 to July 31, call 344-3261 to reach the office
- Monthly automatic withdrawals from my bank account (please call us 506-344-3261)
- Please send me an invoice

Receipt

- Not necessary
- I wish to obtain a receipt for income tax purposes
 - Same name as on check
 - Donor information, if different: _____

Visibility:

- I want to take advantage of the visibility granted to me according to the visibility plan
- I wish to remain anonymous

To companies:

- I want my company logo to appear on the Festival's publications according to the visibility plan.
If yes, please send it by April 30 to baroque@lameque.ca in PDF or EPS format

❖ **Please send your donation and this form to the following address or bring it directly to the office.** ❖

**Lamèque International Baroque Music Festival
28-2 rue de l'Hôpital
Lamèque, N.B.
E8T 1C3**

baroque@lameque.ca
www.festivalbaroque.com