

**Do you know of, or are you affiliated with, a group that would benefit from our donation?**

**If so, please let us know!**

**Please return this form to a member of the Outreach Committee or email [outreach@stceciachorus.org](mailto:outreach@stceciachorus.org) by November 9, 2009.**

Your name: \_\_\_\_\_

Your phone number: \_\_\_\_\_

Your e-mail address: \_\_\_\_\_

The name and address of the organization:

\_\_\_\_\_

\_\_\_\_\_

Contact person at the organization:

Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Phone number: \_\_\_\_\_

The population it serves (describe):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**New contact or one serviced before? \_\_\_\_\_**

Number of tickets needed: \_\_\_\_\_

Name under which tickets should be left at the box office (to be picked up the day of the concert): \_\_\_\_\_

Would you be willing to contact the organization and make the arrangements? (Y/N)