

Musica Sacra

CHURCH MUSIC ASSOCIATION OF AMERICA

Please accept my gift to the CMAA Annual Fund.

I am donating because (please check all that apply):

- I am grateful for all that the CMAA has done for me, including free online resources
 I want to support the work and programs of the CMAA, including scholarships
 I believe in the value of Sacred Music in the liturgy and would like to support new music composition commissions and/or book publications
 I want to make a donation in honor of _____
 I want to make a donation in memory of _____
 I would like to help underwrite a CMAA Training program or Symposium
 I would like to underwrite the Special Events.
 Other: _____

___ \$50 ___ \$75 ___ \$125 ___ \$250 ___ \$600 ___ \$1,200 ___ Other: _____

Your gift of \$20 pays for the Colloquium Music book for a seminarian.

Your gift of \$50 allows us to scan and upload an out-of-print issue of Sacred Music to our archive.

Your gift of \$100 allows us to scan and upload an out-of-print book to our resources page.

Your gift of \$125 allows us to offer a student/seminarian rate tuition to one worthy applicant in 2017-18.

Your gift of \$250 allows us to offer two student/seminarian rate tuitions to two worthy applicants in 2017-18.

Your gift of \$600 allows us to offer one full-tuition seminarian scholarship to the 2018 Colloquium.

Your gift of \$1200 allows us to offer two full-tuition seminarian scholarships to the 2018 Colloquium.

Enroll me as a Sustaining Contributor to the CMAA. I authorize you to charge my credit card below on the 15th day each month in the following amount until I ask you to discontinue my donation.

___ \$10 (\$120/yr) ___ \$20 (\$240/yr) ___ \$50 (\$600/yr) ___ \$100 (\$1,200/yr) ___ Other _____

Name _____

I prefer to remain anonymous for purposes of recognition in Sacred Music.

Address _____

City _____ State _____ Zip +4 _____

Email _____ Phone _____

I have enclosed a check.

Please charge my Visa MasterCard Discover Amex

Credit card number: _____

Expiration _____ Validation Code (3 or 4 digit Code on back of card) _____

Signature _____

Name of Cardholder (PLEASE PRINT) _____

Please mail your donation to:

Church Music Association of America

PO Box 4344, Roswell, NM 88202

You may also make an online contribution at our website at <http://musicasacra.com>