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## CARLY TOPAZIO ARTISTIC DIRECTOR, FOUNDER

Contributor Information: (Your information is kept confidential) \*Required Fields \*Last Name: \*First Name: \*Street Address: Street Address 2: \*State: \*Zip: \*City: \*Email \*Phone: **Donation/Pledge Amount:** Please Select One: Donation (payment enclosed) • A ONE-TIME DONATION, IN THE AMOUNT OF: \$5000 \$2500 \$1000 \$500 \$250 \$100 \$50 Other: \$\_\_\_\_\_ A RECURRING DONATION AS FOLLOWS: A sum of the \$ Once Every: Week Month Quarter Year for \_\_\_\_\_\_ # of Installments, OR indefinitely, until I request it cease. **Purpose or Acknowledgement:** In Honor of ☐ In Memory of In Sponsorship of \_\_\_\_\_ Specific Acknowledgement Request \_\_\_\_\_ ☐ I would like my contribution to remain anonymous

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*To <b>pay by phone</b> , or <b>619-259-0184</b> .	if you have any questions,	please call Artistic Director, Ca	rly Topazio, at
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