



NEW BEDFORD SYMPHONY ORCHESTRA

Yes, I would like to support the NBSO!

Support Type and Amount: _____

Name of Person or Business to be listed in program book:

Contact Person: _____

Address: _____

City, State, Zip _____

Telephone: _____ **Fax:** _____

Email: _____

Please fill out the form below or make your check payable to the NBSO.

Credit Card (please circle): Master Card Visa Discover American Express

Name on Card: _____

Card No.: _____ Exp.Date: _____

Amount _____ Signature: _____ Date: _____

IF YOU HAVE CHOSEN THE SEASON PRESENTING SPONSORSHIP OR SEASON UNDERWRITER OPTION, PLEASE ATTACH A BRIEF BUSINESS PROFILE FOR OUR NEWSLETTER

Please submit to: NBSO, P.O. Box 2053, New Bedford, MA 02740

Contact Information: Conee Sousa, NBSO Marketing Coordinator

Tel: 508.999.6276

Fax: 508.999.0958

Email: csousa@nbsymphony.org

THANK YOU FOR YOUR SUPPORT!