

**MSA/NHS Music Boosters Committee
2009-2010 MEMBERSHIP DRIVE**

Count us in toward the goal of 100% parent participation!

The family of _____ pledges
(check one):

(your MSA/NHS students' names here)

\$300 \$200 \$150 \$100 \$75 \$50 Other:

Make checks payable to: MSA/NHS Music Booster Committee.

(Please check the appropriate box):

Enclosed is a check/charge card info for the entire pledge amount.

Enclosed is \$_____ toward our pledge amount. We will contribute the remainder in the month(s) of: _____.

No contribution is enclosed at this time. We will contribute our pledge amount in the month(s) of: _____.

Your name: _____

Your address: _____

Your telephone: _____

If paying by credit card, type of card: _____

Name as it appears on card: _____

Card #: _____ Exp: ____/____

Here are the names and addresses of family and friends (grandparents, godparents, aunts, uncles or neighbors) who may also want to support MSA/NHS music:

Name:

Address:

City & State:

Zip:

Telephone #:

Relationship to your child:

Name:

Address:

City & State:

Zip:

Telephone #:

Relationship to your child: