



Foundation Partners Agreement Form

PLEASE PRINT

*Required field

Name* (first, last) _____

Address* _____

City/State/Zip* _____

Email address* _____

Do you want added to our emailing list? Yes _____ No, thanks _____

I desire to support the Sonshiners Quartet by giving:

A monthly donation

Monthly donation amount: \$ _____

Preferred withdraw date each month _____

A one-time donation

One-time donation amount: \$ _____

Credit Card/Check Cash Card number to be used: _____

Cardholder's name (as it appears on the card): _____

Expiration date: _____ 3-digit ID# on back of card: _____

I agree to have my credit card/check cash card charged the above amount by the Sonshiners, Inc. I agree to notify the Sonshiners, Inc. in writing when the above donation must discontinue being withdrawn from the account or when there has been an account change.

Signature: _____ Date: _____

Please mail completed form to: Sonshiners Quartet, 50 W. Harrison St.,
Campbellsburg, IN 47108