

DONATE TO THE KANACK SCHOOL OF MUSICAL ARTISTRY



I would like to donate a total of \$ _____ to the Kanack School of Musical Artistry

- Check(s) enclosed for \$ _____ made payable to the Kanack School of Musical Artistry
- Please bill in the month(s) of _____

Please charge my credit card:

- MasterCard
- Visa
- Other

Account # _____

Expiration Date _____

Signature _____

Please select credit card payment option:

- Charge full amount now.
- Charge full amount in the month of _____
- Charge \$ _____ per month for _____ months.

Name: _____

Company: _____

Address: _____

Phone Number: _____ E-MAIL: _____