



NEW BRUNSWICK COMPETITIVE FESTIVAL OF MUSIC

FRIENDS OF THE FESTIVAL 2016

1. Member Information:

Name:	
Address:	
City:	Postal Code:
Company (if applicable):	Company Phone:
Email Address:	Home Phone:

Please accept my donation of \$ _____ to the 2016 Friends of the Festival.

Please acknowledge my donation as being from: _____

I wish for my donation to remain anonymous.

2. I would be interested in any of the following areas of the Festival:

_____ Volunteer _____ Member of the Board
_____ Hall Secretary _____ Transportation
_____ Hall Convenor

3. Comments/Suggestions:

Date: _____

Signature: _____

For Office Use Only:

Date Received:

Received by: