

Support a Band or Color Guard Member

Thank you for your interest in supporting a marching band student at Carmel High School. Your donation is greatly appreciated. Please print and complete this form. Include your check, payable to "**CHS Band Boosters**", along with this form, and mail to:

CHS Band Boosters
P.O. Box 65
Carmel, IN 46082-0065

Apply this donation to the following band or color guard member's account

Name of student _____

Apply this donation to the account of a deserving band or color guard member

Apply this donation to the general operating fund to help with other cost associated with the Rose Parade trip.

Please fill out the following information so that we may acknowledge your donation:

Name _____

Address _____

City _____ State _____ Zip _____

Email address _____

Telephone number _____

Amount of your donation:

\$ 25

\$ 50

\$ 75

\$ 100

\$ 250

\$ 500

\$1,000 (Full Season Sponsorship)

\$2,000 (Rose Parade Sponsorship)

other amount _____

Please keep your cancelled check as your receipt. Your donation may be tax deductible. Consult your tax advisor.