



2023-2024 Giving Form

Name:

Email:

Home Phone:

Cell Phone:

Address:

City, State Zip:

2023-2024 Gift Amount:	<input type="checkbox"/> \$ _____
The Daniel Foundation Challenge	+ <input type="checkbox"/> \$ _____
Gift:	<i>Please consider an additional "round-up" or "stretch" gift as you are able. Any amount is greatly appreciated!</i>
TOTAL	<input type="checkbox"/> \$ _____

I would like to make a Monthly Gift of \$ _____ per month.
(renews until you tell us to stop)

I would like to make a one-time payment

<input type="checkbox"/> Enclosed is my check, payable to Opera Birmingham	<input type="checkbox"/> Charge my (circle one): AmEx Discover MasterCard Visa
CARD NUMBER _____	
Exp. Date ___ / ___	CVV Code: _____

Please complete form and return to Opera Birmingham via:

- Mail to Opera Birmingham, 3601 Sixth Avenue South, Birmingham AL 35222
- Scan from and email to lynne@operabirmingham.org

Thank you for your generosity!

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