



DONATION FORM

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Enclosed is a check in the amount of \$ _____
This option saves on credit card processing fees

OR

Please charge the amount of \$ _____ to*:

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I/We would like to be listed in performance programs as follows:

This gift is in memory of: _____

This gift is in honor of: _____

I/We wish for this gift to remain anonymous

Return form to: **Odyssey Opera**, 376 Washington Street, Suite 101, Malden, MA 02148

*To learn more about the benefits of supporting Odyssey Opera, please email Glorivy Arroyo,
Development Manager at glorivy@odysseyopera.org*