

Monthly Sustaining Gift Enrollment



*Please send your check, payable to The Jazzschool
along with this form, to 2087 Addison Street, Berkeley, CA 94704*

Thank you!

Monthly contribution amount

(suggested level: \$25, \$50, \$100, \$250, \$500+) \$_____ per month

First and last name: _____

Street address: _____

City/state/postal code: _____

Email address: _____

Telephone number with area code: _____

Credit Card Information:

Name on Card: _____

Card No.: _____

Exp. Date: _____

CVV code: _____

Billing zip code: _____

How you wish to be acknowledged (or, indicate if you want to be anonymous):

This gift is in honor or memory of: _____

☐ I authorize The Jazzschool to process this as a recurring monthly contribution until I notify you otherwise.

Please contact us at 510.845.5373 or development@jazzschool.org to make arrangements.