

Daniel Ferro

VOCAL PROGRAM

☐ **I would like to make my tax-deductible contribution in support of Daniel's Legacy and the Daniel Ferro Vocal Program, Inc.:**

☐ \$500 ☐ \$250 ☐ \$75 ☐ \$ _____

☐ **I would like to be a "Sponsor" of Daniel's Legacy & Daniel Ferro Vocal Program, Inc.**

☐ \$5,000 ☐ \$10,000 ☐ \$15,000 ☐ \$25,000

Please Charge Credit Card ☐ American Express ☐ Visa ☐ MasterCard ☐ Discover

Card Number _____ Expires _____

Signature _____

Visit our website to make an online contribution <http://danielferrovocalprogram.org/donate/>

Or please make check payable to: **Daniel Ferro Vocal Program, Inc.**

Name _____

(Please write your name as you wish it to appear)

Address _____

City _____ State _____ Zip _____

Phone _____ Office _____

Cell _____ E-mail _____

Here are a few additional ways to help and stay involved:

- ☐ I would like information on the activities in Greve, Italy in July.
- ☐ I will supply you with the necessary form for my employer's matching fund program.
- ☐ I am interested in assisting in recruiting individuals to support Daniel's Legacy.
- ☐ I am interested in hosting a "Musical Evening" in my home or club.

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