



CANADIAN CHAMBER CHOIR CHOEUR DE CHAMBRE DU CANADA

DR. JULIA DAVIDS :: ARTISTIC DIRECTOR

Name: _____

Street Address: _____

City: _____ Province: _____

Postal Code: _____ Tel: _____

Email: _____

☐ Please email me a CCC newsletter

☐ Please accept my one-time donation of \$ _____

YES! I will be a **Friend** of the CCC. Please accept my 12 monthly donations to support the work of the CCC:

☐ \$50/month

☐ \$25/month

☐ \$ ____/month

☐ Please recognize my donation as follows:

☐ I would like my donation to remain anonymous.

☐ Please contact me about donating Air Miles or other Flight Reward Points to assist in future tour travel.

Please make cheques payable to:
The Canadian Chamber Choir
239 St. James Street West
Saint John, NB E2M 2E7

The CCC thanks you for your support!