

G For over 125 years, the Governing Members (GMs) have been leading individuals of the Chicago Symphony
M Orchestra Association family and served as its first established volunteer group. GMs provide elevated enthusiasm
 and support for the CSOA's artistic excellence and educational innovation. Members receive opportunities to gain a
 deeper connection with CSO's musicians and organization, as well as with fellow members through special access,
 ticketing services, events, and meetings.
 since 1894

GM Name	Employer
<i>OPTIONAL:</i> GM's Birthday (MM/DD/YY)	Title
Spouse/Partner	Work Address (<i>Preferred</i> <input type="checkbox"/>)
<i>OPTIONAL:</i> Spouse/Partner's Birthday (MM/DD/YY)	City, State Zip
Preferred name for all CSOA donor listings	Preferred E-mail(s) (<i>for Governing Member correspondence</i>)
Home Address (<i>Preferred</i> <input type="checkbox"/>)	Preferred Phone <input type="checkbox"/> <i>home</i> <input type="checkbox"/> <i>business</i> <input type="checkbox"/> <i>cell</i>
City, State Zip	

- I would like my preferred contact information included in the Governing Member Directory (*member-only access*).
- I am interested in learning more about serving on a Governing Member Committee.

I am excited to increase my impact with the Chicago Symphony Orchestra as a Governing Member because:

CSOA Governing Member Commitment

My three-year commitment* totals: \$ _____
Payments due by June 30 each year: \$ 4500 / 2024/25 \$ 4500 / 2025/26 \$ 4500 / 2026/27

**Commitments made at any time during a given season will receive all GM benefits and privileges for a full calendar year from the date of commitment.*

GM commitments are fully tax-deductible as benefits offered do not carry a fair market value.

Payment

- A check is enclosed for my 2024/25 pledge. *Please make checks payable to the Chicago Symphony Orchestra.*
- Payment will be distributed from my donor advised fund.
- Payment will be distributed from my IRA.
- Please send me a pledge reminder during the following month (prior to June 30 each season): _____
- I would like to set up an automatic payment plan. Please have a CSOA staff member contact me.
- Please charge my credit card for my 2024/25 pledge: AmEx Discover MasterCard Visa

Card Number	Expiration Date
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Signature