

**G**  
**M**  
since 1894

For over 125 years, the Governing Members (GMs) have been leading individuals of the Chicago Symphony 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.

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"/> home <input type="checkbox"/> business <input type="checkbox"/> cell
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 2025/26    \$ 4500 2026/27    \$ 4500 2027/28

*\*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 2025/26 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 2025/26 pledge:    ☐ AmEx    ☐ Discover    ☐ MasterCard    ☐ Visa

Card Number

Expiration Date

Signature