

**I/We wish to contribute to Music from Salem**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Contribution to Music from Salem** \_\_\_\_\_

*Please make contribution checks out to and return to: **Music from Salem**, 25 East Main Street, Cambridge, NY 12816*

**Thank you for your support!**