

If you would like to make a donation, please fill out this form and fax or mail it to us.

If you would like to receive additional information on our program or become a student or program sponsor, please contact our executive director of our foundation, **Charles "Curt" Childress, Ph.D.**, at one of the following:

Telephone: 800-410-4598
Fax: 954-212-2411
Mailing Address:
P.O. Box 93, Effingham, KS 66023
Email: info@tnyof.org
Web Site: www.tnyof.org



es, I want to help give the gift of music to children!

Name: _____

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City: _____ State: _____ Zip Code: _____

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Enclosed is my gift for \$500 \$250 \$100 \$50 \$20 Other _____

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Please charge my VISA MasterCard Discover

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HONORS AND MEMORIALS

This gift is given in honor/memory of the following person.

In honor of In memory of: _____

People or persons that we should acknowledge your gift to:

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Please contact me to discuss a scholarship.

Please send me information on naming the Foundation in my will, retirement plan, or life insurance policy.

Your contribution is vital to the Foundation and very much appreciated.

Gifts to the Foundation are tax deductible as allowed by law.