

The Bands of Cathedral City High School

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Ongoing Support Donation Form

Name: _____

Company (If Applicable): _____

Address: _____

City, State, Zip: _____

Telephone: _____

Yes, I can help support the CCHS Bands Fund Cycle.

I choose to have a monthly donation debited from my checking account.

Please Complete & Include Enclosed ACH Form.

I choose to send in a monthly amount via US Mail.

Please Complete Section Below.

Please Select Monthly Donation Dollar Amount.

___ \$10.00 ___ \$15.00 ___ \$20.00 ___ \$25.00 ___ \$30.00
___ \$35.00 ___ \$40.00 ___ \$45.00 ___ \$50.00 Other Amount _____

CCHS Band Booster 501c3 Tax ID Number – 20-0257256

A RECEIPT AND ACKNOWLEDGEMENT WILL BE ISSUED TO YOU VIA UNITED STATES MAIL.