

**Bands of Cathedral City High School**

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**Capital Campaign Sponsorship Program**

**Name:** \_\_\_\_\_

**Company (If Applicable):** \_\_\_\_\_

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**City, State, Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

( ) **Yes, I can help support the CCHS Bands Capital Campaign.**

<b>\$5.00</b> _____	<b>\$10.00</b> _____	<b>\$15.00</b> _____	<b>\$20.00</b> _____
<b>\$25.00</b> _____	<b>\$75.00</b> _____	<b>\$125.00</b> _____	<b>\$175.00</b> _____
<b>\$50.00</b> _____	<b>\$100.00</b> _____	<b>\$150.00</b> _____	<b>\$200.00</b> _____

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

**Please make checks payable to: *CCHS Bands***

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