

Participate in the Friends of ACO and support exceptional music through volunteering, events, and community outreach in Vero Beach and Stuart. Please print and fill this form with your information and email or mail to the ACO at the contact information at the top of this form.

FRIENDS OF THE ACO

Become an integral part of our vibrant community of Friends and volunteers! (check all that interest you):

- ☐ I'm happy to be called upon to assist when needed! ☐ Special Events ☐ Hospitality
- ☐ Ushers ☐ Mailings/Office Support
- Community:** ☐ Vero Beach ☐ Stuart ☐ Both

CONTACT INFORMATION

Primary Contact:

Full Name _____

Main Phone _____ Cell _____

Email _____ Contact Preference: ☐ Phone ☐ Email

Secondary Contact:

Full Name _____

Main Phone _____ Cell _____

Email _____ Contact Preference: ☐ Phone ☐ Email

ADDRESS INFORMATION

Florida Address:

Address _____

City _____ Zip Code _____

I reside here from _____ (Month) to _____ (Month)

Secondary Address:

Address _____

City _____ Zip Code _____

I reside here from _____ (Month) to _____ (Month)

PLEASE CONSIDER DONATING TO THE ACO

Payment Method: ☐ Check Enclosed ☐ Credit Card

Donation Amount \$ _____

Credit Card #: _____ Exp. Date: _____ CVC: _____

Name As It Appears On Your Card: _____

Donor Recognition Listing (how you would like your name(s) to be listed in Programs);
