



MASTERS CIRCLE PATRON PROGRAM

Yes, I want to lend my support as a *Masters Circle* member. Please accept my donation of \$ _____.

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ (Required for ccredit card billing)

Email Address: _____ (optional)

Enclosed is my check or money order payable to: **Masters of Harmony**

Please charge my credit card: Visa MasterCard American Express Discover

Card No.: _____ Expiration Date: _____ CVV No.: _____

Authorized Signature: _____

Please mait to: Masters Circle • P.O. Box 3342 • Santa Fe Springs, CA 90670

