

MADISON SYMPHONY ORCHESTRA LEAGUE

PARTY DONOR FORM

(1) Title of Party: \_\_\_\_\_

(2) Date: \_\_\_\_\_ (3) Time: \_\_\_\_\_  
*(please indicate an alternate date if possible)*

(4) Place: \_\_\_\_\_

(5) Description of Party: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(6) Suggested Dress Code *(circle one)*: C DC D F *(see instructions for definitions)*

(7) Menu: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(8) Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: *(home)* \_\_\_\_\_ *(office)* \_\_\_\_\_

Email: \_\_\_\_\_

(9) List the names of the host(s) as you wish them to appear in the Parties of Note Booklet:  
\_\_\_\_\_  
\_\_\_\_\_

(10) Number of Guests Invited: \_\_\_\_\_ (11) Estimated Cost Per Person: \_\_\_\_\_

(12) PLEASE COMPLETE THIS FORM BY OCTOBER 1 AND RETURN TO:

Marilyn Ebben, 7206 Farmington Way, Madison, WI 53717

Or email to: [mvebben@yahoo.com](mailto:mvebben@yahoo.com)

**(13) Please list names and addresses of people you would like added to our invitation list for Parties of Note**

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

**Address:** \_\_\_\_\_

\_\_\_\_\_

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

**Address:** \_\_\_\_\_

\_\_\_\_\_

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

**Address:** \_\_\_\_\_

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

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

**Address:** \_\_\_\_\_

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

**Address:** \_\_\_\_\_

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