



St. Thomas Music Festival

Sponsored by St. Thomas Christian Church

stthomasmusicfestival@gmail.com

stthomasmusicfestival.com

Chairperson: Sherry Graham

519-782-4465

SCHOLARSHIP DONATION FORM

Please return completed form with your donation.

Name of Donor: _____

Address: _____

City: _____ Postal Code: _____

Telephone: _____ Email: _____

Amount of Donation: _____

Scholarship to be used for: _____ Piano _____ Vocal _____ Brass/ Woodwinds
_____ Strings _____ At the discretion of the Scholarship Committee

Please make **cheque** payable to: **St. Thomas Music Festival**

451 Wellington Street, St. Thomas, ON N5R 5X8

e-Transfers may be directed to: stthomasmusicfestival@gmail.com

Name of scholarship as it is to be printed in program: _____

Please indicate any instructions or restrictions: _____

If this donation is from a business, please include the name and contact information of person authorizing donation.

Name: _____

Telephone: _____ email: _____

Would you, or a designate, be available to present your scholarship at our Keynotes Concert to be held Friday, March 27, 2026, at Central United Church? Yes ___ No ___

Name of Presenter: _____

I give permission for my organization to be recognized on your website. Yes ___ No ___