

ANCHORAGE YOUTH SYMPHONY

Parent Questionnaire

Please read, complete, and return this form to:
Anchorage Youth Symphony, P.O. Box 240541, Anchorage, AK 99524-0541

The purpose of this questionnaire is to try to explore any abilities, leads, or contacts that may be of benefit to the Anchorage Youth Symphony. Naturally, fundraising is always on our mind, but in addition you may have hobbies, skills, and interests which may help us organizationally in some way. Please print your responses.

Father's name _____ Home phone _____ Work phone _____

Place of work and address _____

Occupation _____ Email addr _____

Does your employer have a charitable gift matching program? _____ Is your employer a possible source of contribution or grant money? _____

Do you have organizational or fundraising skills or have you hosted or helped organize fundraising events? Please explain. _____

Do you have any other talents, interests, hobbies that may be helpful to the Anchorage Youth Symphony? Please explain. _____

Mother's name _____ Home phone _____ Work phone _____

Place of work and address _____

Occupation _____ Email addr _____

Does your employer have a charitable gift matching program? _____ Is your employer a possible source of contribution or grant money? _____

Do you have organizational or fundraising skills or have you hosted or helped organize fundraising events? Please explain. _____

Do you have any other talents, interests, hobbies that may be helpful to the Anchorage Youth Symphony? Please explain. _____

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