

Named endowments have been established to honor individuals who have made notable contributions to the future of music and music teaching. Endowment funds allow MTNA to build assets to ensure its future, and earnings from these investments fund MTNA's programs for the creation, performance, study and teaching of music. Please refer to the MTNA FOUNDATION FUND website for a description of each fund. Contributions also may be made to the general endowment fund, the annual fund and to any Fellow fund or endowment fund in progress.

Please Use My Gift For: ☐ Joyce B. Andersen Endowment ☐ Jacqueline Clement Herbein ☐ Ruth L. and Bill Pitts Endowment Endowment ☐ Marvin Blickenstaff Endowment ☐ Sandra Lewis Preysz Endowment ☐ Maurice Hinson Endowment ☐ Celia Mae Bryant Endowment ☐ Shirley A. Raut Endowment ☐ Laurel T. and Joe Ince Endowment ☐ Robin Chadwick Endowment ☐ Helene M. Robinson Endowment ☐ Gary L. Ingle Endowment ☐ Richard Chronister Endowment ☐ Melvin Stecher and ☐ Margaret S. Lorince Endowment Norman Horowitz Endowment ☐ Brian K. Chung Endowment ☐ Iris and Morty Manus Endowment ☐ Robert Steinbauer Endowment ☐ Frances Clark-Louise Goss Endowment ☐ Natalie Matovinovic Endowment ☐ Elnora Hartman Stickley Endowment ☐ Marjorie Means Cogswell Endowment ☐ Janice McCurnin Endowment ☐ Texas MTA Endowment ☐ Fern Nolte Davidson Endowment ☐ Marguerite M. Miller Endowment ☐ Mary Veverka Endowment ☐ Jovanni-Rey V. de Pedro Memorial

Fund	☐ Carol J. Nelson Endowment			Benjamin Whitten Endowment	
☐ Guy Duckworth Endowment				Pee-Yaw Lim Wilkes EndowmentGeneral Endowment FundMTNA Annual Fund	
☐ Evelyn Lindblad Folland Endowment					
☐ Richard and Ann Gipson Endowment					
☐ MarySue Harris Endowment	☐ Robert L. Pace Endowment			Fellow (specify below)	
☐ Beth Miller Harrod Endowment	☐ Amanda Ward Penick Endowment		ent S	Sharon Marble	
I would like to contribute: ☐ \$1,000	□ \$500 □ \$	250 📮 \$100	\$50	\$	
Name					
Address					
City/State/Zip					
☐ Check (made payable to the MTNA F	oundation Fund	Cash			
Please charge my total gift of \$o	n 🖵 MasterCard	□ Visa □ Ameri	can Expres	ss using the following payment option	
\square Annually \square Semiannually \square Quarter	ly 🗖 Monthly 🗖	One time gift			
Please begin charging in		_ (month, year)			
Card Number	d Number Expiratio		on Date_	CVC	
Signature					
☐ I would like to receive information abo	ut making a planr	ned gift. 🖵 I have i	included M	MTNA in my estate planning.	

Mail to: CARLA BELL 2700 1st Ave N, Great Falls, MT 59401