

SPONSOR A MUSIC THERAPY STUDENT

Your Name: _____

Address: _____

Phone: _____

Email: _____

Name of the student you wish to sponsor:

Check here if you would like to support any student, chosen at random

Amount (check one):

Full Cost (\$4,000) Partial Cost \$_____

If you would like to support the Music Therapy in Africa trip as a whole, but do not wish to sponsor a specific student, you may indicate below. Your money will go to purchasing instruments to donate to orphanages in Kenya and Tanzania, travel expenses, or other necessary fees.

Donation Amount: \$_____

Please make checks out to: BERKLEE COLLEGE OF MUSIC

Mail to:

Berklee College of Music
Music Therapy Department
1140 Boylston Street
Boston, MA 02215