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As a FRIEND OF SKIDMORE DANCE, your donation will enrich the quality of our program and allow us to improve our facility in order to enhance our performances

Yes! For one full year, I would like to become a FRIEND OF SKIDMORE

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Enclosed is my check in the amount of _____ made payable to: **FRIENDS OF SKIDMORE DANCE**

Name _____

Address _____

City _____ State _____ Zip code _____

Phone _____ Date _____

Email Address _____


____ Yes, I am an alum of Skidmore College. Class of _____

____ Yes, a member of my family is attending or has attended Skidmore College

Student Name _____ Class of _____

Your comments and suggestions are important to us: _____

Mail to: FRIENDS OF SKIDMORE DANCE
c/o SARAH DIPASQUALE, Chair
SKIDMORE COLLEGE
815 NORTH BROADWAY
SARATOGA SPRINGS, NY 12866

New online ticket purchasing with

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