

ANNUAL FUND DONATION FORM

CONTACT INFORMATION

Name _____

Address _____

City / State / Zip _____

Phone _____ Email _____

DONOR GIVING LEVELS:

Supporter (up to \$99)

Advocate (\$100-\$249)

Ambassador (\$250-\$499)

Benefactor (\$500-\$999)

THE PLAYWRIGHT CIRCLE:

\$1,000-\$2,999

\$3,000+

DONATION AMOUNT: \$ _____

This is a single payment.

I would like to give this amount monthly for one year.

I would like to give this amount quarterly for one year.

Renew this gift automatically each year until I wish to discontinue it.

I plan to apply for a matching gift from: Company _____

METHOD OF PAYMENT

Check enclosed, made payable to the Playwrights' Center.

Charge my gift to (please circle): Visa MasterCard American Express Discover

Card # _____ Expiration Date _____

PREFERENCES

Acknowledge me in Playwrights' Center materials as:

YES, please send me communications by email, including season information, play reading alerts, and donor news and acknowledgments.

MAIL THIS FORM TO: The Playwrights' Center
2301 East Franklin Avenue
Minneapolis, MN 55406-1099

OR FAX TO: (612) 332-6037

QUESTIONS?

Contact Sarah Blain Chaplin, Development Manager, at (612) 332-7481 x 38 or sarahc@pwcenter.org.