

**PLAYWRIGHTS'
CENTER**

ANNUAL FUND DONATION FORM

CONTACT INFORMATION

Name/s _____

Address _____

City / State / Zip _____

Phone _____ Email _____

**I/We want to amplify the next generation of artists with a gift of
\$ _____**

- This is a single payment
- I would like to give this amount monthly
- I would like to give this amount quarterly

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 the Playwrights' Center at 612-547-5737 or info@pwcenter.org.