

Donation Form

| Name: | | (as you wish | it to appear in | printed recognition | on lists) |
|-------------------------------------|----------------------|--------------------|--|-------------------------------|--|
| Address: | | | | - | |
| City:Sta | | | Sta | te: | Zip: |
| Phone (day):Pho | | | | one (evening): | |
| E-mail: | | | - | | |
| | | I/We wish | to support (| Great Lakes Th | neater: |
| □ \$100 | □ \$250 | □ \$500 | □ \$1,000 | □ \$2,500 | ☐ Other: \$ |
| □ Enclosed | d is my check pay | able to Great Lake | s Theater. | | |
| ☐ Charge r | my credit card: | | | | |
| Name on card: | | | | _ Signature: | |
| Credit Card #: | | | | Exp. Date: | Security Code: |
| ☐ I/We wou | uld like to pay in i | nstallments: | | | |
| Please bill me: ☐ Semi-annually ☐ Q | | | | uarterly | ☐ Monthly |
| \$ | | beginning | on the following | ng date: | |
| ☐ This gift will be matched by | | | | | I have enclosed the appropriate forms. |
| □ I would li | ike my gift to rem | ain anonymous. | | | |
| | Please ma | ail your completed | l form and ch | eck payable to (| Great Lakes Theater: |
| | | 15 | Great Lake Attn: Develop 01 Euclid Ave | ment Office nue, Suite 300 | |

Contributions are tax-deductible. Individual tax-deductibility may vary.