



t h e a t r e

303 E. MAIN STREET
FORT WAYNE, IN 46802

Contributions: (check one)

- Producer: \$100,000. and beyond
- Playwright: \$50,000. - \$99,999.
- Composer: \$25,000. - \$49,999.
- Lyricist: \$10,000. - \$24,999.
- Director: \$5,000. - \$9,999.
- Designer: \$1,000. - \$4,999.
- Star: \$250. - \$999.

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ email: _____

Do you want your name(s) listed in the program? (circle one) Yes / No

Does your employer provide a matching fund program? (circle one) Yes / No

Payment Options: (invoiced through June 2010.)

One time Gift Annually Biannually Quarterly Monthly

<p>Method of Payment: I have enclosed a check in the amount of \$_____. Please charge the following amount to my credit card: \$_____.</p> <p>Visa / Master Card (circle one) Acct. #: _____</p> <p>Exp. Date: _____ Name on the Card: _____</p>
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