

# FRIENDS OF SIGNATURE

## DONATION FORM

NAME:

PHONE:

ADDRESS:

EMAIL:

### SUPPORT SIGNATURE TODAY!

- |                                  |                                  |                                   |                                         |
|----------------------------------|----------------------------------|-----------------------------------|-----------------------------------------|
| <input type="checkbox"/> \$120   | <input type="checkbox"/> \$250   | <input type="checkbox"/> \$600    | <input type="checkbox"/> \$1,200        |
| <input type="checkbox"/> \$3,000 | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$10,000 | <input type="checkbox"/> Other \$ _____ |

*FOR SUPPORT AT THE \$600 LEVEL AND ABOVE:*

I wish to be listed as: \_\_\_\_\_

### **PAYMENT INFORMATION**

☐ My check is enclosed, payable to Signature Theatre.

☐ Please charge my entire donation of \$ \_\_\_\_\_ to my credit card.

☐ AMEX      ☐ Visa      ☐ MasterCard      ☐ Discover

credit card number: \_\_\_\_\_ exp. date: \_\_\_\_\_

☐ Please charge my donation in four consecutive, monthly installments.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*PLEASE CHECK THE APPROPRIATE BOXES:*

- ☐ I wish to contribute shares of stock.  
Please contact 571.527.1828 with details regarding stock transfer.
- ☐ I wish to decline all benefits and receive the full tax deduction for my gift.
- ☐ My company's matching gift form is enclosed.
- ☐ I would like information about joining the Ever After Society by including Signature in my estate plans.

### **WAYS TO GIVE**

**MAIL** Signature Theatre, 4200 Campbell Avenue, Arlington, VA 22206

**PHONE** 571.527.1828 **FAX** 888.623.8305

**ONLINE** [SigTheatre.org/Support](http://SigTheatre.org/Support)

# SIGNATURE THEATRE