

# STUDIO

T H E A T R E

## Contribution Form

### Donor Information:

Name: \_\_\_\_\_

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### **CONTRIBUTION DETAILS:**

My check in the amount of \$ \_\_\_\_\_ is enclosed.

Please charge my credit card in the amount of \$ \_\_\_\_\_ .

Card Type:  American Express  MasterCard  Visa  Discover

Card Number: \_\_\_\_\_

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Please charge my credit card above in \_\_\_\_\_ equal payments.

We will be fulfilling this gift through a transfer of stock. For instructions, please contact 202.919.3712.

***The Studio Theatre's Fiscal Year concludes on August 31.***

### ***Donor Recognition***

Please list our names as follows in published lists of donors:

\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
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PLEASE COMPLETE AND RETURN THIS FORM.

**Studio Theatre**  
Attn: DEVELOPMENT  
PO Box 73102  
Washington, DC 20056