

Contribution Form



Donor Information:

Name: _____

Address: _____

Email: _____

Phone: _____

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: _____
Expiration Date: _____ Security Code: _____
- 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 _____
Donor

Signed _____ Date _____
Donor (if necessary)