

# Contribution Form



Donor Information:

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

Address: \_\_\_\_\_

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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: \_\_\_\_\_

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 202.232.7267 x370.

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

***Donor Recognition***

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

\_\_\_\_\_

Signed \_\_\_\_\_

*Donor*

\_\_\_\_\_ *Date*

Signed \_\_\_\_\_

*Donor (if necessary)*

\_\_\_\_\_ *Date*

PLEASE COMPLETE AND RETURN THIS FORM.

**Studio Theatre**  
Attn: DEVELOPMENT  
1501 14th St NW  
Washington, DC 20005