

PHILADELPHIA THEATRE COMPANY

at the

Suzanne Roberts Theatre

Donation Form

Name: _____

Address: _____

Phone: _____ Email: _____

I/we would like to give:

\$50 \$120 \$250 \$500 \$1,000 \$2,500 \$5,000

Please accept my contribution to PTC in the amount of \$_____

I would like my gift to be fully tax-deductible and waive any benefits with value

Payment Information

Check enclosed made payable to Philadelphia Theatre Company

Please bill my Credit Card (CC) in the amount: \$_____

Visa

Mastercard

American Express

Discover

Number: _____ Exp. Date: _____

Name on card: _____

My company will match my gifts (please enclose forms)

Company Name: _____

Recognition

I would like my gift to be recognized as follows:
(ex. Mr. and Mrs. John S. Smith or John S. and Sarah M. Smith or John and Sarah Smith or Sarah Smith)

I prefer to contribute anonymously

Signature: _____ Date: _____

Thank you!

MAIL TO:

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The official registration and financial information of PTC may be obtained from the Pennsylvania Department of State by calling toll free within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement. Gifts to the Annual Fund may be used to support all and any PTC programs and administrative needs.