

PHILADELPHIA THEATRE COMPANY

at the

Suzanne Roberts Theatre

Donation Form

Name(s): _____

Address: _____

Phone: _____ Email: _____

I/WE WOULD LIKE TO GIVE:

\$100 \$250 \$500 \$1,000 \$2,500 \$5,000 \$10,000 \$25,000

other \$ _____

My gift is in honor or memory of: _____

PAYMENT METHOD:

Check enclosed payable to Philadelphia Theatre Company

Pledge - please invoice me

Credit Card

Visa

Mastercard

American Express

CARD NUMBER

EXP DATE

SIGNATURE (signature is required for credit card payments and pledges)

To charge by phone, please call Jessica Pasquariello at **267-546-0340**

My company will match my gift

(please enclose forms)

Company Name: _____

A gift of stock

(please contact Oppenheimer & Co. Inc. Attention Frank Osinski, Jr. 215-348-8104)

NAME(S) AS YOU WOULD LIKE IT TO APPEAR IN DONOR LISTINGS

THANK YOU FOR YOUR GENEROSITY - WE LOOK FORWARD TO SEEING YOU NEXT SEASON!

philadelphiatheatrecompany.org/donate

215 S. Broad St., 10th Floor, Philadelphia, PA 19107, Phone: 215-985-1400, Fax: 215-985-5800