

CONTACT INFORMATION:

NAN	ME (as you wou	Id like to appear in donor i	listings)			
ADE	RESS					
PHONE				STATE	STATE ZIP CODE	
				EMAIL		
I/V	VE WOULD	LIKE TO GIVE:				
	\$100	\$250	\$500	\$1,000	\$2,000	\$5,000
	\$7,500	\$10,000	\$15,000	Other \$		
	I wish to rer	nain Anonymous.				
	My gift is in	honor or memory of:				
	My company,, will match my gift (please include forms).					
	Please conta	act me about Planned	Giving.			
PA	YMENT INF	ORMATION:				
	Pledge (we will send an invoice)				Please return this form to: Delaware Theatre Company Development Department 200 Water Street Wilmington, Delaware 19801	
	Check (payable to Delaware Theatre Company)					
	☐ Credit Card (please circle one) Visa / Mastercard / Discover / American Express					
CREDIT CARD NUMBER					To charge by phone, please call Elisabeth Kersey,	
EXPIRATION DATE SECURITY CODE					Director of Operations, at 302.594.1104 ext. 225.	
SIGI	VATURE					

THANK YOU FOR YOUR CONTINUED SUPPORT!