

# Yes! I want to support Perseverance Theatre!

## Contact Information

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

(as it should appear in published acknowledgments)

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone: home \_\_\_\_\_ bus. \_\_\_\_\_

I/we would like to remain anonymous

This gift is being made in honor of \_\_\_\_\_

This gift is being made in memory of \_\_\_\_\_

## Donation Levels (please check):

- Benefactor \$5000 +
- Sponsor \$2500 - \$4999
- Sustainer \$1000 - \$2499
- Patron \$500 - \$999
- Donor \$250 - \$499
- Supporter \$100-\$249
- Contributor \$50 - \$99
- Friend \$25 - \$49
- Member \$10 - \$24

## Gift Information

Donation Amount: \$ \_\_\_\_\_

Method of Payment (please circle): MC or VISA or Check (to Perseverance Theatre)

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Does your company have a **matching gift program** for non-profit organizations?

Enclosed is my company's matching gift form

## OR

I/we would like to make a **pledge** of \$ \_\_\_\_\_ beginning \_\_\_\_\_ (date).

First payment is enclosed.

Please automatically charge the above credit card for my/our pledge.

Payment Schedule:

1 payment of \$ \_\_\_\_\_

2 biannual payments of \$ \_\_\_\_\_

4 quarterly payments of \$ \_\_\_\_\_

12 monthly payments of \$ \_\_\_\_\_

Other \_\_\_\_\_

Reminder:

Please send reminder when payment is due

Do not send reminder

Please return this form with payment information to:

Ruth Kostik, Development Associate  
Perseverance Theatre  
914 Third Street  
Douglas, AK 99824  
Fax: (907) 364-2603  
Phone: (907) 364-2421 ext.226  
ruth@perseverancetheatre.org

**Thank you for your support!**