

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

- Sign me up to receive Civic's weekly enews blasts.
- Contact me about volunteer opportunities at Civic Theatre.
- Send me information on Civic Theatre School for youth.

Please indicate how you would like your contribution acknowledged:



Please make checks payable to **Civic Theatre** or complete the following:

Credit Card: MC Visa Disc AmEx

Card #: _____

Expiration Date: _____

Name on Card: _____

Signature: _____

Every gift helps to keep our ticket prices and tuition affordable and allows our programming to reach the diverse audiences around us.

YES! I would like to support Civic Theatre by contributing at the following level:

- | | | | | | |
|--------------------------|--------------------------|------------------------------|--|--|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| \$50 | \$100 | \$250 | \$500 | \$1,000 | Other |
| Patron | Director | Star | Producer | Executive Producer | \$_____ |
| | <i>two Film tickets</i> | <i>two Mainstage tickets</i> | <i>four Mainstage and two Film tickets</i> | <i>eight Mainstage and four Film tickets</i> | |

I would like to decline my Film and/or Mainstage tickets, making the entire amount of your contribution tax-deductible.

Matching Gift Information

My employer will generously match my gift to Civic Theatre and I have enclosed a matching gift form.

Company Name: _____

Mail contributions to:

Annual Campaign
Civic Theatre of Allentown
527 N. 19th Street
Allentown, PA 18104