

**GIVING FORM**

(Please print this form and mail or fax it to The Studio Theatre)

The Studio Theatre  
1501 14<sup>th</sup> Street, NW  
Washington, DC 20005  
Fax: 202-588-5262

**Yes! I want to come *Inside Studio!***

- Intimate Friends** \$2,500 +
- Benefactor** \$1,000-\$2,499
- Patron** \$500-\$999
- Member** \$250-\$499
- Friend** \$100-\$249
- Supporter** \$25-\$99
- Other**

**Name** (as you wish it to appear in playbill listing\*) \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_

**Zip** \_\_\_\_\_ **Telephone Day** \_\_\_\_\_ **Evening** \_\_\_\_\_

**Email** \_\_\_\_\_

- My check is enclosed** (payable to The Studio Theatre).
- I would like to support The Studio Theatre monthly!** I authorize The Studio Theatre to charge my credit card \$ \_\_\_\_\_ per month starting \_\_\_\_\_ and ending \_\_\_\_\_.
- I pledge \$ \_\_\_\_\_** (for gifts of \$100 or more).
  - Half enclosed; bill me in six months
  - One quarter enclosed; bill me quarterly.

**Please charge \$ \_\_\_\_\_ to my**  **Visa**  **MasterCard**  **Discover**  **American Express**  
Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Sec. Code \_\_\_\_\_ Signature \_\_\_\_\_

**My employer/my spouse's employer will match my gift.** A completed matching gift form is enclosed

Employer's name: \_\_\_\_\_

\*Space limits listing to donors of \$250 or more

*The Studio Theatre is a not-for-profit professional theatre under section 501 ©(3) of the Internal Revenue Code. Contributions are tax deductible to the fullest extent of the law.*