

Donor name(s) _____

Program Listing _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

E-mail _____

By signing below, I/we are committing to the following donation/pledge to Musical Theatre West:

Amount: _____

To Be Used For: General Fund Education/Outreach Special Event _____
(Check one)

Production: _____ Other: _____

Notes: _____

PAYMENT INSTRUCTIONS

I am fulfilling the entire pledge at this time.

I will pay the entire pledge on or before _____ (please send me an invoice two weeks prior).

I would like to be billed in _ installments of \$ _____. Weekly Monthly Beginning on _____

Check enclosed (payable to Musical Theatre West)

Please charge my: Visa MasterCard American Express Discover

Card Number _____ Expires _____ CVV Code _____

Other method of payment _____

CONFIRMATION

Signature _____ Date _____

Musical Theatre West is a California 501(c)3 Non-Profit Corporation, Federal Tax ID 95-6100108.
All donations all tax-deductible for the full amount less the value of any goods and/or services received.
For more information, please call (562) 856-1999 x229

THANK YOU FOR YOUR SUPPORT!