

Alleyway Theatre Donor Contribution Form

(please print)

Name _____

Address _____

City _____ State _____ Zip _____

Phone: _____ E-mail _____

\$ _____ **My Donation.** *(Tax deductible to extent permitted bylaw.)*

_____ I do not wish public acknowledgement.

_____ I wish acknowledgement to appear as follows: _____

Enclose a check made payable to Alleyway Theatre and mail to:

Alleyway Theatre
1 Curtain Up Alley
Buffalo, New York 14202-1911