

Alleyway Theatre Donor Contribution Form

(please print)

Name _____

Address _____

City _____ State _____ Nation _____ Zip _____

Day Phone: (____) _____ Fax: (____) _____ E-mail _____

Please apply this donation in the following way:

- \$ _____ Any aspect of the work of Alleyway Theatre Incorporated
- \$ _____ General operations/programs of Alleyway Theatre (annual fund drive)
- \$ _____ General operations/programs of Pandora's Box Theatre Company
- \$ _____ General operations/programs of Upper West Arts Center
- \$ _____ Project Spirit (send disadvantaged children to A Christmas Carol)
- \$ _____ Upper West Arts Center renovations/capital campaign
- \$ _____ Alleyway Theatre renovations/capital campaign

\$ _____ Total contribution at this time. *(Tax deductible to extent permitted by law.)*

_____ I do not wish public acknowledgement.

_____ I wish any acknowledgement to appear as follows: _____

_____ Enclosed is my check made payable to Alleyway Theatre.

_____ Please charge my VISA/MasterCard

Credit Card # _____ Expiration date _____

signature *date*

Send this completed form with your check to:
Alleyway Theatre Incorporated
1 Curtain Up Alley
Buffalo, New York 14202-1911