

Port City Playhouse Donation Form

Please choose your level of giving:

- | | |
|--------------------------|------------------------------|
| <input type="checkbox"/> | \$500+ = Producer |
| <input type="checkbox"/> | \$200+ = Angel |
| <input type="checkbox"/> | \$100+ = Benefactor |
| <input type="checkbox"/> | \$50+ = Patron |
| <input type="checkbox"/> | \$25+ = Sponsor |
| <input type="checkbox"/> | \$317 = Storage Site Sponsor |

Please check off if your name/address is same as above mailing label or make corrections below:

= Same as above

Name: _____
(Please print name as you would like it to appear in our program)

Address: _____

Hm Phone: _____

E-Mail: _____

Please Mail Your Tax Deductable Donation To:
Port City Playhouse - PO Box 320516
Alexandria, VA 22320-0516
Web: PortCityPlayhouse.com