



Yes, I want to help community theater thrive!

Here's my gift:

☐ Monthly donation ☐ One-time donation

☐ \$50 ☐ \$100 ☐ \$250 ☐ \$500 ☐ \$1,000 ☐ Other: \$ _____



Name (as you'd like to be recognized) _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

☐ Please email me news about upcoming events. ☐ Please keep my gift anonymous.

☐ Check enclosed, payable to *South Bay Musical Theatre*

Charge my ☐ VISA ☐ MasterCard ☐ American Express ☐ Discover

Name on card _____ Card no. _____ Security code _____ Exp. _____

☐ My gift will be matched by my employer: _____

South Bay Musical Theatre

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