



DATE _____

KEEP THE DREAM ALIVE DONATION FORM

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

PHONE _____

EMAIL _____

I WOULD LIKE TO HELP KEEP THE DREAM ALIVE WITH A GIFT OF:

☐ \$1,000 ☐ \$500 ☐ \$250 ☐ \$100 ☐ \$50 ☐ OTHER

☐ THIS IS A MEMORIAL FOR:

NAME: _____

☐ THIS IS IN HONOR OF:

NAME: _____

☐ THIS IS A DONATION.

☐ I WOULD LIKE TO BE NOTED IN DONATION LISTS.

☐ I WOULD LIKE TO REMAIN ANONYMOUS

DONATIONS ARE TAX-DEDUCTIBLE

FOR OFFICE USE ONLY

Payment received by: CASH CHECK CREDIT CARD

MAILED THEATER ONLINE