

Project Spirit

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 public acknowledgement to appear as follows:

(We accept: Visa/Mastercard/Discover)

Credit card # _____

Exp date _____

Name on Card _____

OR

Enclose a check made payable to: Alleyway Theatre.

Mail this form (with check) to:

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