

DONATION FORM



*I would like to make a tax-deductible
contribution of \$ _____
to help support Gemini Theater Company.*

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

Print below how you wish your donation to be recognized.

Contribution Levels

<i>Patron</i>	\$25 - \$249
<i>Bronze Star</i>	\$250 - \$499
<i>Silver Star</i>	\$500 - \$999
<i>Gold Star</i>	\$1000 - \$2499
<i>Lifetime Angel</i>	\$2500 and up

I would prefer to pay by:

Visa MC Check Enclosed

Card #: _____

Exp. Date: _____

CVV # (3-diget # on back of card): _____

Signature: _____

- To increase my support, enclosed is my/my
spouse's
employer's MATCHING GIFT form.*

Make checks payable and mail to:

***Gemini Theater Company
7501 Penn Avenue
Pittsburgh, PA 15208***

THANK YOU FOR YOUR CONTINUED SUPPORT!