Thank you for supporting The Rep!

GIFT INFORMATION

_____	$25	Stagehand	_____	$1,000	Stage Manager	_____	$10,000	Associate Producer
_____	$100	Ensemble	_____	$1,500	Playwright	_____	$25,000	Producer
_____	$250	Supporting Actor	_____	$2,500	Assistant Director	_____	$50.000	Executive Producer
_____	$500	Principal Actor	_____	$5,000	Director			

Other Amount: $_____

I would like to pay via:

_____ CHECK (*Payable to Milwaukee Repertory Theater*)

_____ CREDIT CARD: Mastercard Visa Discover American Express

Name on Card _____

Account # _____ Exp. Date _____

Signature _____

_____ PLEDGE – to be paid by _____/_____/_____

_____ STOCK – Please contact the Development Department for transaction details at 414-290-5366

Payment Options:

_____ Single Payment _____ Quarterly Payments _____ Monthly Payments

Honor/Memorial Gifts:

_____ This gift is in honor of _____.

_____ This gift is in memory of_____.

DONOR INFORMATION

Name: _____

Address: _____ Home Phone: _____

_____ Work Phone: _____

City: _____ State: _____ Zip: _____ E-mail: _____

_____ I would like my name to be listed as follows:

_____

_____ I would like to be listed as Anonymous.

_____ My employer will match my gift. Employer name: _____

_____ Please send me information on Planned Giving (Limelight Legacy Society)

PRINT AND MAIL THIS FORM TO:
Development Department
Milwaukee Repertory Theater ■ Patty and Jay Baker Complex ■ 108 E Wells St. ■ Milwaukee, WI 53202