DONATION FORM

DONATION ○ \$50 ○ \$1,000	AMOUNT O \$100 O \$2,500	○ \$250 ○ \$5,000	○ \$500 ○ Other \$	As a donor and Baobab family memb enjoy benefits throughout the year in- invitations to select events, special o more. Visit penumbratheatre.org/sup more information.	cluding ffers, and	
CONTACT INFO	ORMATION		PAYMENT INFORMATION			
Name(s) to be credited in acknowledgments			 ○ Enclosed is a check payable to Penumbra Theatre Or please charge my: ○ MasterCard ○ VISA ○ AmEx 			
Contact name (if c	lifferent from above)	Frequency: O One Time or O Monthly			
				If monthly:		
Street Address			In the amount of \$			
				Every month for (to	tal) months	
City, State, Zip			Starting [month/year]			
Phone				Ending [month/year]		
<u> </u>			For a	total amount of \$		
Email				,		
m O My gift is anonymous.			Credit	// t Card # Exp	 Date	
T CUUDT CIZE*			oreald		5410	
T-SHIRT SIZE*	llowing adult unisex	t-shirt size:	Name on card			
Oxs Os Om Ol Oxl Oxxl Oxxxl						
			 Signat	ture		
PLEASE CONT	ACT ME ABOUT		5			
O Making a beque	est			DONATE BY MAIL		
O Volunteering			Return this form to the address below:			
O Hosting a house party			Penumbra Theatre			
O Other potential funders for Penumbra Theatre			270 North Kent Street Saint Paul, MN 55102			
My/Our gift is in memory/in honor of:				DONATE BY PHONE Call 651.224.3180, Mon-Fri from 10am-4:30pm		

DONATE ONLINE

Visit www.penumbratheatre.org

Questions? Contact Shannon Brunette, Managing Director, at 651.288.6795 or shannon.brunette@penumbratheatre.org.

O Enclosed find completed matching gift form(s) from:

*Offer good from 11/18/16-12/31/16. 1 t-shirt per donation.