## DONATION FORM

### DONATION AMOUNT

- $50
- $100
- $250
- $500
- $1,000
- $2,500
- $5,000
- Other $_________

As a donor and Baobab family member you will enjoy benefits throughout the year including invitations to select events, special offers, and more. Visit penumbratheatre.org/support for more information.

### CONTACT INFORMATION

Name(s) to be credited in acknowledgments

Contact name (if different from above)

Street Address

City, State, Zip

Phone

Email

- My gift is anonymous.

### PAYMENT INFORMATION

- Enclosed is a check payable to Penumbra
- Or please charge my: MasterCard  VISA  AmEx

**Frequency:**

- One Time or Monthly

**If monthly:**

- In the amount of $ ________________
- Every month for ________________ (total) months
- Starting [month/year] ________________
- Ending [month/year] ________________

For a total amount of $ ________________

Credit Card #  Exp Date

Name on card

Signature

### PLEASE CONTACT ME ABOUT

- Making a bequest
- Volunteering
- Hosting a house party
- Other potential funders for Penumbra

My/Our gift is in memory/in honor of:

Enclosed find completed matching gift form(s) from:

### DONATE BY MAIL

Return this form to the address below:

Penumbra  
270 North Kent Street  
Saint Paul, MN 55102

### DONATE BY PHONE

Call 651.224.3180, Mon-Fri from 10am-4:30pm

### DONATE ONLINE

Visit www.penumbratheatre.org