## **DONATION FORM**

DONATION	AMOUNT			As a donor and Baobab family member you will	
○ \$50	○ \$100	○ \$250	○ \$500	enjoy benefits throughout the year including invitations to select events, special offers, and	
O \$1,000	○ \$2,500	○ \$5,000	Other \$	more. Visit penumbratheatre.org/support for more information.	
CONTACT INFORMATION			PAYMENT INFORMATION		
			O Enclosed is	a check payable to Penumbra	
Name(s) to be cre	edited in acknowledg	gments	Or please charge my: O MasterCard O VISA O AmEx		
Contact name (if different from above)			Frequency: ○ One Time or ○ Monthly		
			If mor	nthly:	
Street Address			In the amount of \$		
			Every	month for (total) months	
City, State, Zip			Starting [month/year]		
				g [month/year]	
Phone			Enaing	g [month/ year]	
			For a total amount of \$		
Email				/	
O My gift is anonymous.			Credit Card #	Exp Date	
			Name on card		
			 Signature		
	ACT ME ABOUT				
O Making a bequi	est		DONATE B	Y MAIL s form to the address below:	
O Volunteering O Hosting a hous	e nartv		Penumbra		
O Other potential funders for Penumbra			270 North Kent Street Saint Paul, MN 55102		
My/Our gift is in memory/in honor of:			Call 651.224.3180, Mon-Fri from 10am-4:30pm		
			DONATE O	NLINE	
O Enclosed find c	completed matching	gift form(s) from:	Visit www	.penumbratheatre.org	