

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.

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:

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



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