

# PlayhouseSquare Donation Form

## Enclosed is my/our gift for:

- Friends Membership (\$50-\$599) \$ \_\_\_\_\_
- Donor Circle Membership (\$600+) \$ \_\_\_\_\_
- Corporate Donor Circle Membership (\$1,200+) \$ \_\_\_\_\_
- Partners Young Professionals Membership (\$50+) \$ \_\_\_\_\_
- Donation to the Education Fund \$ \_\_\_\_\_

This is a  New Membership  Annual Renewal  Additional Contribution

Name(s)  Dr.  Mr. & Mrs.  Mr.  Mrs.  Ms.  Miss

Mailing Address  Home  Business

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Bus) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email \_\_\_\_\_

Name(s) (as you would like it included in PlayhouseSquare publications, where applicable)

I/We prefer to make this donation anonymously

## Method of Payment

### Check

Check enclosed made payable to Playhouse Square Foundation in the amount of \$ \_\_\_\_\_

### Credit Card

Charge my gift of \$ \_\_\_\_\_ to the following credit card:

American Express  Discover  MasterCard  Visa

Account No. \_\_\_\_\_

Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature \_\_\_\_\_

### Payment Plan\*

I/We would like to make a pledge in the amount of \$ \_\_\_\_\_

Charge my credit card:  Monthly  Quarterly Bill me:  Monthly  Quarterly

*\*Option only available at \$600 gift level and above. At least 25% is due at the time of pledge and all payments must be received within 12 months of date pledged.*

- My employer will match my gift. Enclosed is my matching gift form.
- I have included PlayhouseSquare in my will.
- Please send information about bequests and gifts that produce lifelong income.

Your contribution is tax-deductible to the extent allowed by law.  
Thank you for supporting PlayhouseSquare!

### Please return to:

PlayhouseSquare  
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1501 Euclid Avenue  
Suite 200  
Cleveland, OH 44115-2195

tel: 216-348-5317  
fax: 216-771-3974

web