

## Yes! I want to support Theatre for a New Audience's productions and education programs DONOR INFORMATION

Name:	
Address:	
City/State/Zip:	
Telephone:	Email:
I have chosen my giving level:	
\$100 Advocate	Fully Tax-Deductible
Second Se	Value of Benefits \$10
Supporter \$500 Supporter	Value of Benefits \$30
□ \$750 Friend	Value of Benefits \$160
Other Amount	
I would like to increase the	value of my gift by waiving my benefits.
All gifts are fully tax-deductibl	le to the extent allowable by law.
Payment Method:	
I have enclosed a check written	n out to: Theatre for a New Audience
MAIL TO: Theatre for a New 154 Christopher S New York, NY 10	treet, Ste. 3D
Please charge my (please circle	e):
Visa MasterCard American E	xpress Discover
Credit Card #	Exp. Date.
Sec Code Signatu	re
My company has a Matching C appropriate forms. Company N	Gift program, please check with your company for the Jame
To make your contribution on <u>https://www.tfana.org/support/</u>	-
For more information, please c Coordinator at <u>ndudley@tfana</u> .	contact Noel Dudley, Membership & Special Events

Theatre for a New Audience is a 501 (c)(3) organization.

Thank you for your generous support!