

(Please note that Honoring and Memorial recognition will only appear in the digital playbill)

DONOR INFORMATION	١:					
Name:						
Address:						
City:	State:	Zip:				
Phone:						
E-mail:						
Name as you'd like it to app	ear for Donor R	ecognition:				
PAYMENT INFORMAT	ION					
■ My check is enclosed						
☐ Charge my gift to my cre	edit/debit card.					
(Mastercard, Visa, Discover, American Express)						

Card Number

Expiration Date Security Code

CONTACT ME ABOUT

- $\hfill \Box$ Joining the Horatio Society and including APT in my estate plan.
- □ Giving a recurring monthly gift to APT.
- $\hfill \square$ Including a matching gift from my employer.
- ☐ Giving a gift of appreciated stock.
- □ Sponsorship opportunities.

TO GIVE ONLINE, VISIT: americanplayers.org/support

THE BENEFITS OF GIVING SERVED

YOUR TAX-DEDUCTIBLE DONATION IS ESSENTIAL TO APT. WE PLEDGE TO USE EVERY DOLLAR TO ITS FULLEST.

TOTAL ANNUAL DONATION	PLAYBILL RECOGNITION	COMPLIMENTARY SEASON POSTER	IN-SEASON SPECIAL Event	PRE-SEASON SPECIAL EVENT	EARLY TICKET ORDERING*
\$100-\$249	X	X			
\$250-\$499	X	X	X		
\$500-\$999	X	X	X	X	
\$1,000-\$4,999	X	X	X	X	X
\$5,000+	Х	X	X	X	Concierge Appointment**

^{*}an opportunity to purchase tickets before they go on sale to returning patrons

Questions?

Email dev@americanplayers.org or call 608-588-9209 To give online, visit americanplayers.org/support

^{**}an appointment with the box office to order tickets before early ticket ordering