

YES!

I want to support Mind The Gap Theatre's work with a tax-deductible donation

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TEL: _____ EMAIL: _____

Enclosed is my donation of \$ _____

Check Money Order Credit Card

Visa/MC/Amx/Disc _____ expiration date _____

Signature: _____

If your company has a matching gift program please also fill in the following:

YES! My company has a matching gift program

Company Name: _____

Company Address: _____

City/State/Zip: _____

Contact: _____

How would you like to be credited on our Donor list? _____

If you would like to received email announcements from MTG please fill in your email here:
