

CONTRIBUTION FORM

Thank you for your generous support!

Weathervane is a tax-exempt organization per Section 501(c)(3) of the Internal Revenue Code; thus, contributions are deductible within the limits of the IRS regulations. A receipt will be sent to you for tax purposes.

STEP 1: Annual Fund Drive and Seat Installation Project	
<p style="text-align: center;">ANNUAL FUND DRIVE</p> <p><input type="checkbox"/> \$10,000 and above (<i>Executive Producer</i>)</p> <p><input type="checkbox"/> \$7,500 – \$9,999 (<i>Associate Executive Producer</i>)</p> <p><input type="checkbox"/> \$5,000 – \$7,499 (<i>Producer</i>)</p> <p><input type="checkbox"/> \$3,000 – \$4,999 (<i>Executive Director</i>)</p> <p><input type="checkbox"/> \$1,000 – \$2,999 (<i>Director</i>)</p> <p><input type="checkbox"/> \$500 – \$999 (<i>Benefactor</i>)</p> <p><input type="checkbox"/> \$200 – \$499 (<i>Super Sponsor</i>)</p> <p><input type="checkbox"/> \$100 – \$199 (<i>Sponsor</i>)</p> <p><input type="checkbox"/> Up to \$99 (<i>Patron</i>)</p> <p><input type="checkbox"/> Seat Installation Project (see note to right)</p> <p>The total amount of my gift to Weathervane is \$ _____</p> <p>Please print name/s as you wish to have it/them printed in the program: _____</p>	<p style="text-align: center;">SEAT INSTALLATION PROJECT</p> <p>The new seats, a gift from the recently demolished Veteran’s Memorial Auditorium in Columbus, delivery and installation came at a cost of \$19,900 to the Playhouse.</p> <p>A donation to this project beyond an Annual Fund Gift would be sincerely appreciated. This project will provide audience members with a more comfortable theatre experience.</p> <p><input type="checkbox"/> \$250 for one (1) engraved seat (_____ seats X \$250 = \$_____)</p> <p>Please print name/s as you wish to have it/them engraved: _____</p> <p><input type="checkbox"/> A contribution of \$ _____</p>
STEP 2: Payment Method	
<p><input type="checkbox"/> Cash</p> <p><input type="checkbox"/> Check (Payable to <i>Weathervane Playhouse Newark, Ohio</i>)</p> <p><input type="checkbox"/> Bill My Credit Card: one-time withdrawal on _____ / _____ (<i>Month / Day</i>)</p> <p><input type="checkbox"/> Bill My Credit Card: _____ monthly automatic equal withdrawals beginning _____ / _____ (<i>Month / Day</i>)</p> <p>NOTE: all payments must be received no later than April 15, 2015 for name to be included in the 2015 program</p>	<p>Please indicate credit card:</p> <p><input type="checkbox"/> Discover Card <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa</p> <p>Card # _____</p> <p>Three-digit security code _____</p> <p>Expiration Date _____</p> <p>Name as printed on card _____</p> <p>Signature _____</p>
STEP 3: Personal Information	
<p>Name(s) _____</p> <p>_____</p> <p>[Please include title(s) – <i>Mr./Mrs./Ms./Dr./Rev.</i>]</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone __ (____) _____ - _____</p> <p>Email _____</p>	<p><input type="checkbox"/> Please send information on how I may make a multiple year pledge to Weathervane Playhouse.</p> <p><input type="checkbox"/> My company matches gifts: Place of Business _____</p> <p style="text-align: center;"><i>(Forms may be obtained from your human resources office)</i></p> <p><input type="checkbox"/> I have included Weathervane Playhouse in my will.</p> <p><input type="checkbox"/> Please send information on how I may include Weathervane Playhouse in my will/estate plans.</p>

PLEASE MAIL COMPLETED FORM WITH PAYMENT TO:

Weathervane Playhouse
P.O. Box 607
Newark, OH 43058-0607