

YES! I want to donate to the Annual Fund!

Donors are the heart of Theatre Horizon...YOU keep us going!



1 Please provide your contact information:

Name (as you would like it to appear in program): _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone : _____

2 Choose which Donor Level you would like to participate in:

- Ambassador's Circle Luminaries (\$5,000+) Ambassador's Circle Visionaries (\$1,000-\$4,999)
 Explorers (\$500-\$999) Pioneers (\$250-\$499) Navigators (\$100-\$249) Guides (\$50-\$99) Travelers (\$20-\$49)

AMOUNT ENCLOSED:

\$ _____

3 Donate by check, cash, or credit card:

- I have enclosed a check/cash My company will match my contribution Credit card: Visa, MC, or Discover?

Card number: _____ Expiration date: _____ Security code: _____ Name on card: _____

_____ / _____ - - - - _____

Please include payment, stamp it, and mail it back to us at 401 DeKalb Street; Norristown PA, 19401.

All donations to Theatre Horizon are 100% tax deductible

Thank you!!