

DATE	TE NAME (as you would like it to appear in donor listings)	
ADDRESS	S CITY	STATE ZIP CODE
PHONE	This number is a: Cell Home Business E-MAIL ((for First Stage communication only)
	$\ \square$ I/We wish to remain ANONYMOUS. $\ \square$ My	company's Matching Gift form is enclosed.
	☐ Please contact me about makin	ng a planned gift to First Stage.
	\Box This gift is made in \Box Memory \Box Honor of:	
	I would like to designa	ate my gift towards:
	☐ Theater Productions/New Play Development ☐ Theater A	cademy Theater In Education General Operations
☐ GIFT EI	NCLOSED (Please make check payable to First Stage) 6 A PLEDGE. BILL ME IN THE MONTH OF:	□ JOIN GEMS (GIVING EVERY MONTH SOCIETY I want to make a recurring gift of \$/ month □ PLEASE CHARGE MY: □ Visa □ Mastercard □ Discover □ American Express
□ Visa ACCOU	E CHARGE MY: Mastercard Discover American Express INT NUMBER TE SIGNATURE	EXP. DATE SIGNATURE Please add the 7.5% credit card processing fee to my total so 100% of my contribution goes to First Stage. *GEMS will be charged on or around the 15th of every month
so 10	se add the 7.5% credit card processing fee to my total 10% of my contribution goes to First Stage.	*Visit bit.ly/FirstStageGEMS for more information
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3 EASY WAYS TO MAKE YOUR DONATION

- 1. Complete and mail this form to: 325 W. Walnut St., Milwaukee, WI 53212
 - 2. Call the Development office at 414-267-2936
 - 3. Visit www.FirstStage.org/SupportUs