



Donation Form
Please complete this form and mail
it to us at:

Theater Schmeater
1500 Summit Ave
Seattle WA 98122

Name: _____

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

Address _____

City • State • Zip Code: _____

Phone: _____

E-mail address: _____

Donation Amount:

\$25 \$50 \$100 \$250 Other: _____

For Credit Card donations, please fill in the following:

Card Number (VISA, MC or DISCOVER) : _____

Expiration Date: _____

Verification Number: _____

Signature: _____

Today's Date

My company offers a matching gift program.

Name of company: _____

I am interested in volunteering at Theater Schmeater