

I want to contribute to the Peninsula Players Annual Fund!

Please accept my gift of \$ _____.

Name _____
(as you would like it to appear in our Playbill)

Address _____

City, State, Zip _____

Phone _____

Email _____

Yes! Save a stamp and email my gift receipt.

Gifts of \$50 or more will be recognized in the Playbill.

Gifts of \$250 or more will receive an invitation to the opening night reception & show.

Gifts of \$2,500 will be recognized by naming a seat inside the theater.

I wish to make my gift by: Check enclosed **OR**

American Express Discover MasterCard Visa

Number _____

Exp. _____ CW _____

Please make checks payable to: Peninsula Players Theatre Foundation, Inc.

or donate online at **www.PeninsulaPlayers.com**

Please mail to: **4351 Peninsula Players Road • Fish Creek, WI 54212**

My employer matches my contribution _____
(Employer name)

I'd like more information on including Peninsula Players in my estate plans.

Please contact Development Director Danielle Szmanda for more information at (920) 868-3287 or danielle@peninsulaplayers.com