

# *The Show Must Go On*

I/we would like to contribute:

\$ \_\_\_\_\_

☐ Check Enclosed

☐ Charge my credit card:

☐ MC ☐ Visa ☐ Discover

Acct. # \_\_\_\_\_

Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

The Stephen Foster Drama Assoc.  
is a non-profit 501(c)3 organization.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

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☐ Please check to remain anonymous in program listing.

☐ I would like to receive listed benefits.

☐ My Employer will match my gift. Employer \_\_\_\_\_

*You may also give at [stephenfoster.com/donate](http://stephenfoster.com/donate)*