



Contribution Form

Name _____

Name as you wish it to appear in our materials _____

I prefer to remain anonymous

Address _____

City _____ State _____ Zip _____

Day Phone (_____) _____ Evening Phone (_____) _____

Email _____

I wish to support Theatre Off Jackson's Annual Fund with a gift of \$ _____

Method of Payment

I would like to pay by check by _____ (date)

I would like to pay by credit card

Frequency: Monthly Quarterly Other (describe) _____

Amount of recurring pledge: \$ _____ Start date: _____ End Date: 6/30/2009

Card Type: Visa Master Card

Name as it appears (exactly) on credit card:

Account number: _____ Exp. Date: _____

My company has a Matching Gift program

I am enclosing the completed form

I am mailing the completed form separately

Your Signature: _____ **Date:** _____

Please mail completed form to:

Theatre Off Jackson
Attn: Development
409 7th Ave S
Seattle, WA 98104

For more information on how you can support TOJ,
please contact us at 206-340-1049 or
info@theatreoffjackson.org