

DONATION FORM (2019-2020 SEASON)

Thank you for supporting The Duluth Playhouse and our three venues! All gifts, of all sizes, are appreciated. Become part of the story, the history, and the family that makes us The Duluth Playhouse.

I would like to donate the following to The Duluth Playhouse:

\$50	\$100	\$250	\$500	\$,1000	\$	Another Amount	
I would	_	ay for this gift	(check one): all at onc	e, qua	arterly, or monthly	
I would like to Take-A-Seat at the NorShor @ \$1,000 per seat for seat(s), or Pick-A-Seat at the Playhouse Family Theatre @ \$500 per seat for seat(s).							
Please	engrave n	ıy seat plaqu	e(s) to read	(up to two line	es of brief	text):	
I wish t	to remain	Anonymous	with my don	aation.			
Please con	tact me ab	out:					
	Making a	gift of stock.					
	Leaving T	he Duluth Pl	ayhouse as a	a beneficiary ii	n my will.		
	Specific n	aming rights	opportuniti	es at the NorS	hor Theat	tre.	



DONATION PAYMENT FORM (2019-2020 SEASON)

NAME:	
ADDRESS:	
CITY/STATE/ZIP:	
PHONE NUMBER:	=
EMAIL ADDRESS:	_
Please recognize my gift as follows:	
Tax-Deductible Contribution: \$	
Check Payment Enclosed	
Credit Card Payment	
Visa/MasterCard/Discover/AMEX (indicate one)	
Expiration Date:	
CVV #:	

The Duluth Playhouse is a 501(3)(c) non-profit organization. Your donation is tax-deductible.

Please mail forms and payment to:

The Duluth Playhouse, At the NorShor Theatre, 211 E. Superior St., Duluth MN 55802