YES, I WISH TO BE A FRIEND OF THE WAUKESHA CIVIC THEATRE THROUGH MY SUPPORT

☐ Enclosed is a check made payable to the **Waukesha Civic Theatre** in the amount of $_____.

☐ Charge $_____ to my MasterCard, Visa, American Express, or Discover Card (*circle one*).

#_____ Expires _____/_____/_____

☐ I pledge $_____.

All contributions support the Waukesha Civic Theatre, its programs and their associated expenses.
Your gift is fully tax deductible according to the IRS code.

I WOULD LIKE MY GIFT TO SUPPORT

☐ Annual Operating Fund ☐ Endowment

Please note that if no box is checked your donation will go to WCT's Annual Operating Fund.

_____

Print Name (*as you would like it listed in the program*)

☐ Please make my gift anonymous

_____ ☐ YES ☐ NO

Place of Occupation & Address Matching Gift Program

_____

Individual Address

_____

City State Zip

_____

Telephone # Email Address

_____

Signature

Please Mail to Waukesha Civic Theatre
264 West Main St. P.O. Box 221, Waukesha, WI, 53187-0221