



# Donation Mail-In Form

Deaf West Theatre is exempt under section 501 (c) (3), making this donation tax deductible.

## Donor Information

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

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

Daytime Phone (    ) \_\_\_\_\_ (Circle one: Voice / TTY)

Email Address \_\_\_\_\_

YES, I would like to be added to your quarterly e-Newsletter.

YES, I would like to be added to your mailing list.

## THIS IS HOW I WOULD LIKE MY DONATION DESIGNATED (please check one)

Children's Theatre

Community Outreach

General Administration

In School Workshops

Local Productions

National Touring

No Preference

## DONATION INFORMATION

Enclosed is my gift of \$\_\_\_\_\_ (Please make check payable to Deaf West Theatre)

**Please return this form to:**

Deaf West Theatre

ATTN: Donations

5112 Lankershim Blvd.

North Hollywood, CA 91601

Thank you for your support! Tax ID #: 954315054