

S SHAKESPEARE THEATRE COMPANY

Annual Fund

- Yes!** I/We want to play a leading role at the Shakespeare Theatre Company, supporting artistic excellence and outreach programs at the following membership level:

Shakespeare Stars

- Friend**
(\$75-149)
- Contributor**
(\$150-\$249)
- Donor**
(\$250-\$499)
- Sustainer**
(\$500-\$999)
- Guarantor**
(\$1,000-\$1,499)

Artistic Circle

- Benefactor**
(\$1,500-\$2,499)
- Patron**
(\$2,500-\$4,999)
- Sponsor**
(\$5,000-\$9,999)
- Producer**
(\$10,000+)

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Support by

- Please **charge \$** _____ to my

(Please circle one)

Visa MasterCard American Express Discover

Credit Card Number: _____

Expiration Date: _____

Name on Card: _____

- A **check** is enclosed, made payable to the Shakespeare Theatre Company.
- My employer will **match** this gift. A matching funds form is enclosed.

Benefit Waiver

- I wish to waive membership benefits, making my gift fully tax deductible.

Recognition of Support

The Shakespeare Theatre Company is honored to recognize membership gifts of \$250 or more in our donor listings. If eligible, please let us know how you would like to be recognized:

- I/We wish this gift to be anonymous.

Additional Support

- The Society of 1616**
I/We would like you to know that the Shakespeare Theatre Company is included in my/our will or estate plans.
- Making an Estate Gift**
I/We would like to be contacted about the benefits of making an estate gift to the Shakespeare Theatre Company.
- Artistic Leadership Fund**
Please contact me with more information about the Artistic Leadership Fund.

Please mail the completed reply form to:

Membership
Shakespeare Theatre Company
516 8th Street SE
Washington, DC 20003

For more information, please call 202.547.1122, option 7.

