



**Yes! I'd Like to Help Make Near West Theatre's
Season Possible!**

- Please accept my tax-deductible donation of \$_____, or
- I'd like to make an automatic monthly gift to Near West Theatre: Please charge \$_____ to my credit card each month for a total of _____ months.

Donor information:

Name (as you would like to be recognized): _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone Number: _____

I would like to make this gift in the name, honor, or memory (circle one) of: _____

Payment Information:

- Check enclosed (payable to Near West Theatre)
- Please charge my credit card: Mastercard Visa Discover AmEx

Card Number: _____ Expiration Date: _____ CVV _____

Name (as it appears on card): _____

Matching Gifts - Increase the Impact of Your Gift!

If your employer has a matching gift program, please let us know, so that we can potentially increase the impact of your gift!

Employer: _____

- Please put me on your mailing list
- Please send me information about Near West Theatre's Season Packages

Please remit to:
Near West Theatre, 6702 Detroit Avenue, Cleveland, OH 44102

Thank you for your support!