30 YEARS
NEAR WEST THEATRE

YES!

I would like to help NWT create extraordinary theatre!

Donation Options

- Please accept my tax-deductible donation of $_____ .
- I'd like to make a sustaining gift. Please charge my credit card $_____ per month for a total of _____ months.
- Double your gift! If your employer has a matching gift program, write the name of the company here and make your donation to Near West Theatre go twice as far!

_____

Payment Options

☐ Check *(please make payable to Near West Theatre)*

☐ Visa ☐ Mastercard

_____
Name (as it appears on the card)

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Account Number Expiration Date

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Signature

Your Information

_____
Name

_____
Address

_____
City State Zip

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I'd like to have my donation listed in the playbill as follows:

_____

Or, I'd like to have my donation in the playbill in the name/honor/memory (circle one) of:

_____

☐ Please sign me up for your mailing list.
☐ Please send me information about season packages.

Please remit to: Near West Theatre 6514 Detroit Avenue Cleveland, OH 44102 Thank you for your support!