



"Powerful theater with a personal touch"

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(574) 807-0108

www.actingenensemble.com

Date: _____

Donor Information:

TYPE OF DONATION: (Circle One) CORPORATE PERSONAL

Company (if applicable) _____

Contact Name & Title _____

Billing Address _____

City, ST Zip Code _____

Phone 1 / Phone 2 _____

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Donation Information

I (we) donate a total of \$_____ to be paid in the form of:

Cash Check Credit card In Kind (please describe) _____

Credit card type/Exp. Date _____

Credit card number _____ Security code _____

Authorized Signature _____ Date _____

Acknowledgement Information

Please use the following name(s) in all acknowledgements: _____

I/we wish to remain anonymous