



ENSEMBLE ON THE AVENUE

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www.actingenensemble.com

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Date: _____

Donor Information:

Company (if applicable) _____

Contact Name & Title _____

Address _____

City, ST Zip Code _____

Phone/email _____

Please list my/our name as: _____ or ___ Anonymous

Donation Information:

My gift is \$ _____ Make this a recurring gift ___ monthly ___ quarterly

___ Cash ___ Check # _____ * ___ Credit card

(*may also be done online at www.actingenensemble.com/support-us)

Credit card number _____ Security code _____ Expiration date _____

___ VENMO email _____

Other ways to support

www.smile.amazon.com – choose Acting Ensemble Inc as your charity of choice and Amazon will give 0.05% of eligible expenses to AE with no additional cost to you!

[Kroger - Kroger Community Rewards](#) – link your card to Acting Ensemble as the organization you want to support (effective 12/15/2020)

Volunteer your special power to help! _____