



**INDIVIDUAL DONATION FORM**

**Yes! I'd like to make a donation to Music Theatre of Madison and help to challenge, educate, and enrich the Madison community through musical theatre!**

***DONATION AMOUNT:***

\$25  \$50  \$75  \$100  \$125  \$150  \$175  \$200  \$500

**Other Amount: \$** \_\_\_\_\_

**YOUR DONATION IS TAX DEDUCTIBLE!**

***PAYMENT METHOD (Please check one)***

**Credit Card (Visa, Mastercard, Discover, and American Express are accepted)**

Name on Card	Card Type (i.e. Visa)	Card Number	Expiration Date

**Check**

Please enclose your check with this form. Make checks payable to Arts Wisconsin, and write "Music Theatre of Madison" in the subject line.

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Signature** \_\_\_\_\_

**By signing this form you authorize Music Theatre of Madison and Arts Wisconsin to bill your credit card and/or deposit your check as indicated above.**

**I would like to be credited in the Music Theatre of Madison program**

**I wish to donate anonymously**

**MUSIC THEATRE OF MADISON THANKS YOU FOR YOUR CONTRIBUTION!**

**Mail to: Arts Wisconsin P.O. Box 1054 Madison, WI 53701**