

Yes, I can help! The Little Theatre of Alexandria DONATION FORM

Donor Information – LTA respects your privacy by not sharing its mailing or donor lists with outside organizations.

Name	
Street Address	
City	
State	
ZIP Code	
Telephone (home)	
E-Mail	

Acknowledgement Information - LTA acknowledges donors in its playbill. Please use the following name(s) in all acknowledgements: ______

_____ I (we) wish to have our gift remain anonymous.

Donation Information - I (we) would like to donate as a ...

\$ Founding Fathers (\$1000 and above)
\$ Continental Congress (\$500 - \$999)
\$ Patriots (\$250 - \$499)
\$ Alexandrians (\$100 - \$249)
\$ Minutemen (\$50 – \$99)
\$ Colonist (\$25 – \$49)
\$ Other Amount

Method of tender _____ cash _____ check _____ credit card _____ other

Credit card type	
Credit card number	
Expiration date	
Authorized signature	

Please make checks payable to:

The Little Theatre of Alexandria Attn: Business Manager 600 Wolfe Street Alexandria, VA 22314