

CHARITABLE DONATION FORM

PLEASE PRINT

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.			
<input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	First Name	MI	Last Name
Company Name		Office / Department	2 nd Name for 2 nd FUNd card
Home Address(to receive your FUNd card)		City	Zip
E-mail (so we can send you fun FUNd card stuff)		Area Code	Home Telephone
Employee ID (if required)			

DONATION AND METHOD OF PAYMENT

(please select one of the following 5 options)

#1: Payroll Deduction

Amount per pay period	\$
# of pay periods	X
Total Payroll Deduction Contribution	\$
Signature <small>(Required for Payroll Contribution)</small>	Date

#4: Credit Card

<input type="checkbox"/> Amex	Name on Card
<input type="checkbox"/> M/C	Acct #
<input type="checkbox"/> VISA	Exp. Date
<input type="checkbox"/> Discover	
Total Credit Card Contribution	\$
Billing Address (if different from above)	
Billing City / Zip	
Signature <small>(Required for Credit Card Contribution)</small>	Date

#2: Cash

	\$
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#3: Check

Check #	Check Date
Total Check Contribution	\$

#5: Call 210-212-8303 to make your donation by phone

Total Contribution	\$
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Contribute \$60 a year and receive a FUNd Card.

The FUNd card pays for itself in discounts all year long. By providing your email address we can send you notices about free and special discount performances, events and classes.



For a full updated list of discounts please visit www.thefundsa.org

THANK YOU FOR YOUR TAX-DEDUCTIBLE CONTRIBUTION!

This form serves as a receipt for your contribution to theFund campaign. theFund is a 501(c)(3) non-profit organization. Your contribution is fully tax-deductible theFund did not furnish any goods or services in consideration of your gift.