Center for Applied Theatre and Active Culture (CATAC) Contribution Pledge Form

CATAC. Balch Street Theatre. 220 S Balch Street. Akron, Ohio. 44302. nwplab.com

CONTRIBUTOR INFORMATION

	(Your personal informatio	n is kept confider	ntial)	
Last Name:	me: First Name: MI:			
Street Address:	City:		State:	Zip:
Telephone Number(s): Home	()	Work ()	
E-mail	Address:			
Would you prefer t	hat this contribution and/or	your name be kept	anonymous?	/ES / NO
	DONATI	ONS		
	A ONE-TIME DONATION,			
\$5,000 \$2,500			Other: \$	
	A REPEATING DONATION	ON, AS FOLLOWS:		
A sum of \$ On	ce Every: Month / Quarter /	Year, amounting to	a total of \$	
	MATCHING CON			
Diago englace	Does your employer match			a a la la
Flease enclose	a signed Matching Donation	Form from your en	прюуег п аррп	cable
	METHOD OF	PAYMENT		
Check made payab	le to "CATAC" is enclosed?	YES / NO		
Please charge my contact the second contact th	credit card for the amount lis	sted above. YES / N	10	
Count Toward VICA / Montageneral	/ A			
Card Type: VISA / Mastercard / Card Number:	•		·e·	
Security Code:		•	.c	
Security Code.	billing zip code			
	NOTE	S		
	emed charitable under section 501 Tax ID 83-0462908. Please consul	` '		anization described in
(/ / /	fore the end of the year to be eligible	•	•	
There is no minimum contribut	·		•	

Please forward completed form and payment to:

For more information please visit www.nwplab.com or call (234)-678-8408 or write to nwplab@gmail.com

CATAC, 220 S Balch Street, Akron, Ohio 44302

Or scan and email to: nwplab@gmail.com

Would you like to volunteer your time, resources, and/or ideas to CATAC/NWPL? YES!