ROGUE THEATER DONATION FORM

DONOR INFORMATION

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

E-mail: _____

Home Phone: _____

Mobile Phone: _____

DONATION AMOUNT _____

MAKE MY DONATION:

☐ A one-time donation only

☐ A recurring donation, once every month

DOES YOUR EMPLOYER MATCH DONATIONS?

☐ Yes — Employer Name: / Contact Info:

☐ No

☐ I'm not sure

PAYMENT METHOD

☐ Cash

☐ Check — Check # _____

☐ Credit Card — Name _____ / Card # _____ / Exp _____ CCV: _____

☐ Other _____

Mail to: Rogue Theater, Inc.
PO Box 782
Sturgeon Bay, WI 54235

For office use only:

Date received		Date entered into AP	
Received by		Date letter sent	