

THE PLAY GROUP THEATRE 2007 ANNUAL FUND

Name _____
Street Address _____
City _____ State _____ Zip _____
Home Phone # _____

Would you like your donation to be made in honor of someone? Yes No
If yes, please list their name and address below?

Name _____
Street Address _____
City _____ State _____ Zip _____

Please check this box if you would like the notification card to be a holiday card.

Is your gift matched by your employer?
If yes, please enclose the matching form.

How do you want to pay your pledge?

- _____ In Full
_____ In Four Quarterly installments on day of receipt, Apr 1, July1 and Oct 1, 2007
_____ By Check
**Please make all checks payable to The Play Group Theatre. Please send checks for all payments.*
_____ By Credit Card
Circle one: MASTER CARD VISA
I authorize the following charge to be made to my credit card.

_____ Card Number

_____ Exp. Date

_____ Security Code
(by Signature)

_____ Signature

_____ \$ Amount

Would you like to be contacted by a Board member about other fundraising contacts you have?
If yes, please provide e-mail address _____

PLEASE SEND THIS FORM, ALONG WITH YOUR PAYMENT TO:

**Steven Abusch
Executive Director
The Play Group Theatre
200 Hamilton Ave, Suite 9B
White Plains, NY 10601**

Our latest annual report may be obtained, upon request, from our office, or from the New York State Attorney General's Charities Bureau, Attn: FOIL Officer, 120 Broadway, New York, NY 10271