

# THE PLAY GROUP THEATRE ANNUAL BENEFIT

**Contact Info**

Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone # \_\_\_\_\_ Email \_\_\_\_\_

**Tickets**

Yes, I would love to attend the Benefit!

Alumni/Students	\$75	x _____	# of Alumni /Students	=	_____
Individuals	\$150	x _____	# of Individuals	=	_____
Patrons	\$1000	x _____	# of Patrons	=	_____
Family	\$400	# family members attending _____			_____
			Subtotal		_____

**Gift**

Please also accept my gift to support PGT's performing arts programs and scholarships

I cannot attend but I would like to make a donation                      Donation \$ \_\_\_\_\_

The Play Group Theatre awarded over \$150,000 in scholarships and hosted six free community performances this year thanks to the help of last year's Donors. Please help us meet this growing need again next year by including The Play Group Theatre in your charitable giving today!

**Journal Ad**

I would like to support PGT and place a Journal Ad .

Full Page (7.5"wide x 10" high)	\$1000	x _____	# of pages	=	_____
Half Page (7.5"wide x 4.75" high)	\$500	x _____	# of ads	=	_____
Quarter Page (3.5"wide x 4.75" high)	\$250	x _____	# of ads	=	_____
Shout out (up to 75 characters)	\$20	x _____	# of shout outs	=	_____

*High resolution PDF submissions preferred (300 DPI) with fonts and images embedded. Need help? We can design your ad. Email your ad request and copy to [steven@playgroup.org](mailto:steven@playgroup.org)*

**Payment Information**

Submit payment for tickets with this form or online at [playgroup.org/benefit](http://playgroup.org/benefit). **Thank you for your support!**

\_\_\_\_\_ **Check** Please mail this form to the address below with your contribution.  
 \*Please make all checks payable to The Play Group Theatre.

\_\_\_\_\_ **Credit Card** Mail, FAX or email this form or reserve online at [playgroup.org/benefit](http://playgroup.org/benefit)  
 Circle one:    MASTER CARD    VISA    AMEX  
 I authorize the following charge to be made to my credit card.

_____	_____	_____
Card Number	Exp. Date	Security Code
		(by Signature or on front of Amex)
_____	_____	
Signature	\$ Amount (Please enter your total contribution amount here)	

**PLEASE SEND THIS FORM, ALONG WITH YOUR PAYMENT TO:**

Steven Abusch, Executive Director, The Play Group Theatre, 1 North Broadway, Suite 111, White Plains, NY 10601  
 Phone 914-946-4433    FAX 914-946-1336    email: [steven@playgroup.org](mailto:steven@playgroup.org)