

Support the Peninsula Players

Capital Campaign Contribution Form

Name _____

Name as you would like it to appear in our program _____

Name of Spouse _____

Address 1 _____

Address 2 _____

City/Town _____

State & Zip _____

Daytime Phone Number (include area code) _____

Fax Number _____

Email address _____

Enter the amount of your donation in dollars & cents _____

Credit Card Information:

Name as it appears on Credit Card _____

Credit Card- (Mastercard or Visa) _____

Number _____

Expiration date _____

All contributions are 100% tax deductible. Thank you!

Please mail your Contribution in with this Donation Form to:

Peninsula Players,
W4351 Peninsula Players Road
Fish Creek, Wisconsin 54212

920-868-3287