

Yes! I want to contribute to the Peninsula Players Capital Fund.

Name _____
(as you would like it to appear in our program for gifts of \$25 or more)

Address _____

City _____ State _____ Zip _____

Email _____ Please add to your email list.

Amount Enclosed \$ _____ Phone # _____
(Please make checks payable to: Peninsula Players Theatre Foundation, Inc.)

MasterCard **Visa** **Discover** (circle one) 3 digit CVV-code _____

Number _____ Exp. Date _____

Does your employer match your contribution? _____