

1 Donor Information (PLEASE PRINT CLEARLY)			2 Total Gift:		
			 _ \$		
LAST NAME	T NAME FIRST NAME		MY TOTAL GIFT		
LAST NAME (2ND PERSON) FIRST NAME (2ND PERSON)			<b>3</b> Gift Timing or Pledge		
STREET ADDRESS			 □ This is a one t □ I wish to make	•	as follows:
CITY	STA	ATE ZIP	\$		
EMAIL	TEI	LEPHONE	ENCLOSED INITIAL ENCLOSED	mainder over:	
4 Recognition		Payments will begin onmonth / year  AME(S) AS YOU WISH TO BE RECOGNIZED  AME(S) AS YOU WISH TO BE RECOGNIZED  D 1 YR			h / year and will be made
5 Payment D	Check. Enclosed is my gift of \$		(checks payable	to <b>Princeto</b>	n Garden Theater INC
	Credit. Please charge \$	to my <b>[</b>	□ VISA □ Maste	rCard 🗖 D	iscover   AMEX
(	<b>Online gifts</b> can be made at Princet	onGarden.org	/donate		
NAME ON CREDIT CARD (PLEASE	PRINT CLEARLY)				☐ Stocks/Wire Transfers/Other. Please contact our
ACCOUNT NUMBER SIGNATURE			EXPIRATION DATE	CVV	office for details: gifts@ princetongarden.org (215) 348-1878 ext 115

IRA Distributions: Are you 72 or older and taking a Required Minimum Distribution from your IRA? Consider this tax-free option when making an end-of-year gift to the Princeton Garden Theatre.

Contact us if you wish to discuss your gift or pledge. Email at gifts@princetongarden.org or call (215) 348-1878 ext 115.

MAIL TO: Princeton Garden Theatre, 106 E Butler Ave, Ambler, PA 19002