



great theatre in the great outdoors

YES! I want to support Traveling Players Ensemble and their mission *to bring great theatre into the great outdoors*. Enclosed is my tax-deductible contribution.

Name _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Email _____

Apply my contribution to: General Operations Scholarship Fund

Enclosed is my check or money order in the amount of \$ _____ made payable to Traveling Players Ensemble.

For credit card contributions:

Type of card (circle): Visa, MasterCard, Discover

Please charge my account:

- \$ _____ in one payment twelve monthly payments of \$ _____
 four quarterly payment of \$ _____

Name (as it appears on credit card): _____

Credit card number: _____ Expiration Date: _____

Security Number: _____ (last 3 digits on back of Discover, MasterCard or Visa Cards)

Signature: _____ Date: _____

I would like to have more information mailed to me about Traveling Players Ensemble and its programs.

I understand that I will be listed by my full name on your website and in your programs as a supporter of TPE, unless I check here _____ to be listed as "anonymous" **or:**

I would like my donation to be listed in memory of _____.
For an alternate listing, please email info@travelingplayers.org or call (301)573-2521.

To arrange monthly, quarterly, or annual pledges, please contact us,

Please print this form and mail to:

Traveling Players Ensemble
P.O. Box 1315
Great Falls, VA 22066

Traveling Players Ensemble, a 501(c)(3) nonprofit organization and observes AFP's Donor Bill of Rights. A financial statement is available upon written request.