



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 _____

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City _____ State _____ Zip _____

Phone (_____) _____ Email _____

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

Apply my contribution to: General Operations; Scholarship Fund; Purple Bus Fund

How should we recognize your donation?

My name as follows: _____

As “**anonymous.**”

I would like my donation to be listed in honor of _____.

For an alternate listing, please email development@travelingplayers.org or call (703)987-1712.

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

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

THANK YOU!!!! We appreciate your support so very much!

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.