

Traveling Players

Small by design. Awarded for excellence.

YES! I want to support Traveling Players Ensemble and their mission.
Enclosed is my tax-deductible contribution.

Name _____

Address _____

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: Wherever it is needed most; Financial Aid 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.