



Donation Form

Date _____

Name: _____

Recognition name if different _____

Street Address _____

City _____ Zip _____

Email Address _____

Day Phone _____

Evening Phone _____

Fax Number _____

Donation Amount _____

My employer will match my donation: *Employers Name* _____

Payment Information

Check enclosed: (Please make payable to Peninsula Ballet Theatre)

Credit Card Visa MasterCard American Express

Card Number _____

Expiration Date ____/____/____

Signature _____

Peninsula Ballet Theatre is a 501 c(3) not for profit organization. Your donations are tax deductible as allowed by law.

Peninsula Ballet Theatre will never sell or trade phone numbers or email addresses with anyone. We will occasionally trade mail lists with other Bay Area performing arts organizations.

Please mail this form and your payment to

Peninsula Ballet Theatre
P.O. Box 1804
San Mateo, CA 94401

Thank You!