



BFT DONATION FORM

MAIL TO:

Birmingham Festival Theatre
P. O. Box 55321
Birmingham, AL 35255
or CALL 205-933-2383

NAME (as it appears on your credit card) _____

NAME (as you want it to appear in the program) _____

MAILING ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP CODE _____ EMAIL _____

CREDIT CARD NUMBER _____ EXPIRATION DATE ____/____/____

SIGNATURE _____ DATE ____/____/____

Enroll me as a _____ of BFT with a tax deductible contribution of \$ _____

a check made out to BFT is enclosed bill my credit card (Visa MasterCard)

TOTAL \$ _____

GIVING LEVELS

\$25	Member
\$150	Friend
\$250	Donor
\$500	Contributor
\$1,000	Patron
\$2,500	Philanthropist

COMMENTS/SUGGESTIONS:

FOR THEATRE USE ONLY:

DATE: _____

BY: _____