



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: _____