

**UCA Theatre Foundation
Donation Form**

Yes! I want to be a STAR!

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

You may send me reminders through email.

My email address is: _____

\$ 50 \$ 100

\$ 150 \$ 200

\$ 250 Donor of Distinction

OR, spread out your donation over a period of time.

Please bill me \$ _____ per month for twelve months for a total donation of \$ _____.

Please bill me \$ _____ per month for six months for a total donation of \$ _____.

Other (please specify) _____.

OR, bill your credit card for \$ _____.

Mastercard # _____

Visa # _____

American Express # _____

Expiration Date (00/00) _____

Signature _____

Please return this form to:

UCA Theatre Foundation
Box 4942
Conway, AR 72035

Thanks for supporting the UCA Theatre Foundation!