



# DONATION FORM

Please fill out and return the form at the bottom of this sheet. Thank you for your generosity!

## Woodminster 2017 Donor Benefits

(Benefits are cumulative. At each level, you receive the benefits from all the lower levels as well.)

Level	Benefit
\$100 and above	Your name in the program Free ticket exchanges
\$250 and above	3 concessions coupons
\$500 and above	Invitation to participate in the audition process Free parking for 3 performances Valet concessions
\$1000 and above	Gift certificate for 2 single tickets to any performance
\$2000 and above	Guaranteed parking space in Lot #1
\$5000 and above	Your name on the program cover sponsoring a specific aspect of a production Gift certificate for 2 season tickets
\$10,000 and above	A commemorative plaque on the control booth



*I would like to support Woodminster with a tax-deductible contribution of:*

\$100  
  \$250  
  \$500  
  \$1,000  
  \$2,000  
  \$5,000  
  \$10,000  
  other \$ \_\_\_\_\_

Please use my gift to support  
  Wherever it's needed most  
  Jim Schlader Musical Theater Education Award.

Please check this box if you do not wish to receive donor benefits described above.

How would you like to be acknowledged in the 2017 programs?  
 name(s)  
 anonymous  
 no program acknowledgement

Name(s) for programs \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

I HAVE ENCLOSED A CHECK FOR \$ \_\_\_\_\_

Please send me information about donations and bequests of stock.

**CHECK SHOULD BE MADE OUT TO PRODUCERS ASSOCIATES, INC.**

PLEASE CHARGE TO CREDIT CARD (circle one)  
 MASTERCARD  
 VISA  
 AM-EXPRESS

CARD NUMBER \_\_\_\_\_ EXP. DATE \_\_\_\_\_ SECURITY CODE \_\_\_\_\_

I authorize this charge to my credit card, if specified.

\_\_\_\_\_  
(signature of card holder)

Please fill out this form and fax to 510-339-0727 or mail to:

**Producers Associates, Inc., Woodminster Amphitheater, P.O. Box 13008, Oakland CA 94661**