



DATE \_\_\_\_\_ NAME (as you would like it to appear in donor listings) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE This number is a: ☐ Cell ☐ Home ☐ Business E-MAIL (for First Stage communication only) \_\_\_\_\_

☐ I/We wish to remain ANONYMOUS. ☐ My company's Matching Gift form is enclosed.

☐ Please contact me about making a planned gift to First Stage.

☐ This gift is made in ☐ Memory ☐ Honor of: \_\_\_\_\_

I would like to designate my gift towards:

☐ Theater Productions/New Play Development ☐ Theater Academy ☐ Theater In Education ☐ General Operations

☐ **ONE-TIME GIFT OF: \$** \_\_\_\_\_

☐ **GIFT ENCLOSED** (Please make check payable to First Stage)

☐ **THIS IS A PLEDGE. BILL ME IN THE MONTH OF:** \_\_\_\_\_

☐ **PLEASE CHARGE MY:**

☐ Visa ☐ Mastercard ☐ Discover ☐ American Express

ACCOUNT NUMBER \_\_\_\_\_

EXP. DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

☐ Please add the 7.5% credit card processing fee to my total  
so 100% of my contribution goes to First Stage.

☐ **JOIN GEMS (GIVING EVERY MONTH SOCIETY)**

I want to make a recurring gift of \$ \_\_\_\_\_ / month.

☐ **PLEASE CHARGE MY:**

☐ Visa ☐ Mastercard ☐ Discover ☐ American Express

ACCOUNT NUMBER: \_\_\_\_\_

EXP. DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

☐ Please add the 7.5% credit card processing fee to my total  
so 100% of my contribution goes to First Stage.

\*GEMS will be charged on or around the 15th of every month

\*Visit [bit.ly/FirstStageGEMS](http://bit.ly/FirstStageGEMS) for more information

OR

What inspired you to make this gift today? \_\_\_\_\_

## 3 EASY WAYS TO MAKE YOUR DONATION

1. Complete and mail this form to: 325 W. Walnut St., Milwaukee, WI 53212
2. Call the Development office at 414-267-2936
3. Visit [www.FirstStage.org/SupportUs](http://www.FirstStage.org/SupportUs)

*First Stage is a non-profit organization. Your donation is tax-deductible to the fullest extent allowed by the law.*