

Actors' Playhouse Productions, Inc. A nonprofit 501c3 Organization

Confirmed Gift Form for the Actor's Playhouse Endowment Fund

Thank you for your support as a donor to the Actors' Playhouse Florida State Endowment which is managed by Wells Fargo Bank. Please confirm the amount of your commitment and if you plan to make your contribution in full or over a period of years, but no longer than five years.

A minimum contribution of \$50,000 entitles the donor to be a member of The Society of Miracle Makers and acknowledged in print wherever we honor our donors.

Name:		
Address:		
City:		
Email Address:		Phone:
Endowment Pledge Amount: \$		
Payment Option Pay in full Paid in years beginning in		
Donor Recognition Confirmation		
_ I/we give Actors' Playhouse at the Mir membership in the Miracle Maker Society.	acle Theatre permissic	on to publicly recognize my/our
_ I prefer to remain anonymous.		
Yes, I would be interested in sharing to Miracle Theatre in your publications.	he story of my support	for Actors' Playhouse at the
Name as you wish it to appear on the Soc	iety of Miracle Maker	s:
Signature:		Date:
Signature:		Date:

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