



## 1 Donor Information (PLEASE PRINT CLEARLY)

LAST NAME FIRST NAME

LAST NAME (2ND PERSON) FIRST NAME (2ND PERSON)

STREET ADDRESS

CITY STATE ZIP

EMAIL TELEPHONE

## 4 Recognition

I/WE PREFER TO  
REMAIN ANONYMOUS

NAME(S) AS YOU WISH TO BE RECOGNIZED

NAME(S) AS YOU WISH TO BE RECOGNIZED

## 2 Total Gift:

\$ \_\_\_\_\_  
MY TOTAL GIFT

## 3 Gift Timing or Pledge

- This is a one time gift.  
 I wish to make a gift pledge as follows:

\$ \_\_\_\_\_  
ENCLOSED INITIAL GIFT

I will pay the remainder over:

- 1 YR  3 YRS  5 YRS  Other \_\_\_\_\_

Payments will begin on month / year and will be made

- MONTHLY  QUARTERLY  ANNUALLY

## 5 Payment

- Check.** Enclosed is my gift of \$\_\_\_\_\_ (checks payable to **Hiway Theatre, Inc.**)  
 **Credit.** Please charge \$\_\_\_\_\_ to my  VISA  MasterCard  Discover  AMEX

**Online gifts** can be made at [HiwayTheater.org/donate](http://HiwayTheater.org/donate)

NAME ON CREDIT CARD (PLEASE PRINT CLEARLY)

ACCOUNT NUMBER EXPIRATION DATE CVV

SIGNATURE

### Stocks/Wire Transfers/Other.

Please contact our  
office for details: [gifts@hiwaytheater.org](mailto:gifts@hiwaytheater.org) (215)  
348-1878 ext 115

**IRA Distributions:** Are you 72 or older and taking a Required Minimum Distribution from your IRA? Consider this tax-free option when making an end-of-year gift to the Hiway Theater.

Contact us if you wish to discuss your gift or pledge. Email at [gifts@hiwaytheater.org](mailto:gifts@hiwaytheater.org) or call (215) 348-1878 ext 115.

MAIL TO: Hiway Theater, 106 E Butler Ave, Ambler, PA 19002