



**Yes!**  
**I Want to Support**  
**ModernEyes Theatre Company**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Email \_\_\_\_\_

**Amount of Contribution**

- \_\_\_\_\_ \$50
- \_\_\_\_\_ \$100
- \_\_\_\_\_ \$300
- \_\_\_\_\_ \$500
- \_\_\_\_\_ \$1,000
- \_\_\_\_\_ \$1,500
- \_\_\_\_\_ Other Amount \_\_\_\_\_

For gifts of \$500 or above, please include how you would like to be thanked in our programs

\_\_\_\_\_

**Please Put this Contribution Towards:**

\_\_\_\_\_ ModernEyes Theatre Company    \_\_\_\_\_ ModernEyes Theatre Company: The Project

**Payment (please check)**

\_\_\_\_\_ Enclosed is my check, made payable to **ModernEyes Theatre Company**

\_\_\_\_\_ Please charge my    **VISA    MASTERCARD    AMEX**

Credit Card # \_\_\_\_\_ Expiration \_\_\_\_\_

Signature \_\_\_\_\_

**Matching Gift Program**

\_\_\_\_\_ I am submitting a matching gift from my employer and **doubling** my contribution!

Please send this completed form to:  
Jacqueline Raposo  
Executive Producer: ModernEyes Theatre Company  
31-70 34<sup>th</sup> Street #1E  
Astoria, NY 11106