

Yes, I support

IN THE HEART OF THE BEAST PUPPET AND MASK THEATRE

Name _____

Address _____

City _____ State _____ Zip _____

E-mail address _____ Phone _____

I am making a gift of:

- | | |
|----------------------------------|---------------------------------------|
| <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$100 |
| <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$50 |
| <input type="checkbox"/> \$500 | <input type="checkbox"/> \$25 |
| <input type="checkbox"/> \$250 | <input type="checkbox"/> other: _____ |

I would like to contribute in other ways:

- I prefer to pay my donation in monthly installments automatically charged to my credit card, _____ per month for _____ years.
- I would like to pledge _____ over _____ years.
- Please bill me every May for my annual pledge.
 - Please bill me every _____ for my annual pledge.

Payment:

- My check is enclosed. (Make checks payable to HOBT.)

Please charge my:

- Visa MasterCard Discover American Express

Card # _____ Expiration date: ____/____

Signature _____

- Please contact me about donating or paying my pledge with stock.
- My company will match my gift.

Return completed form to:

In the Heart of the Beast Puppet and Mask Theatre
1500 East Lake Street, Minneapolis, MN 55407
Fax: (612) 721-7174
Phone: (612) 721-2535

THANK YOU!