



VAGABOND PLAYERS

DONATION FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Angel Donation

I would like to make a one-time donation of:

\$

I would like to make a recurring donation of:

every: Month Quarter (3 Months) Year

until: _____

\$

Name for Program Listing: _____ or Anonymous

Seat Endowment

I would like to endow seats at \$250 per seat.

Total:

\$

Name for Donor Plate: _____

Dedication/Honoree Notification Information:

If your donation is being made in honor or memory of someone and you would like us to send a notification to them, please provide their information below:

Name: _____

Address: _____

City/State/Zip: _____

Email: _____

Make Checks Payable to *Vagabond Players, Inc.*, or enter your credit card information below:

Credit Card Number: _____

Expiration Date: _____ CVV: _____

Signature: _____

Mail completed form and payment to:

Vagabond Players
806 S. Broadway
Baltimore, MD 21231