

Franklin Performing Arts Company Operating Gift Donation

DONOR INFORMATION (please print or type) – your personal information is kept confidential

Last Name:	First Name:		MI:
Street Address:	City:	State:	_ Zip:
Telephone Number: Home () Telephone Number: Work: ()			
Email Address:			
Name to use in recognition of donation:			
DONATION AMOUNT – OPERATING GIFT			
ONE-TIME DONATION AMOUNT: \$			
I will complete the pledge in one payment Monthly Quarterly Over 1, 2, or 3 years			
☐ Please contact me regarding Naming Opportunity and Recognition of my gift			
MATCHING CONTRIBUTIONS			
Does your employer match donations? Yes / No EMPLOYER NAME:			
Please enclose or forward Matching Donation information from your employer if applicable			
METHOD OF PAYMENT			
☐ Check enclosed. Please make checks payabl	le to: "Franklin Perform	ing Arts Company"	
☐ Please bill my credit card: Card Type (circl	le one): Visa Master	Card American Expres	s
Account Number:	Exp.	Date (mm/yy):/	
Signature:	Secur	rity Code:	
☐ Securities or stocks. Please call (508) 528-3370 or email donations@fpaconline.com for details.			
☐ Contact me for payment			
SIGNATURE:		DATE:	_//
NOTES			
 Contributions to Franklin Performing Arts Company a organization described in Section 501(c)(3). U.S. Feder Payments must be received before the end of the year There is no minimum contribution amount. 	ral Tax ID: 04-3111745. Please	consult your tax advisor for any	

Please forward completed form and payment to:

For more information, please call (508) 528-3370 or email donations@fpaconline.com