



2016-17 Annual Campaign

Yes! I would like to make a gift to support Skylight Music Theatre

- One-time gift of \$ _____
- Monthly gift payments of \$ _____

Please charge my credit card on the 1st or 15th of each month

Payment

- Credit Card VISA MasterCard Amex Discover

Credit Card # _____ Exp. _____ CVV _____

Signature _____ Date _____

- Check enclosed (payable to Skylight Music Theatre)
- Gift of stock
- Pledge. Please bill me.

We respectfully request that all pledges be paid in full by June 30, 2017.

Contact Information

Your name as it should appear in printed materials (gifts of \$250 or more):

- I/We prefer to remain anonymous

Name _____

Address _____

City/State/Zip _____

Email address _____

Home Telephone _____

Work Telephone _____

Gift Preferences

I/We prefer to be contacted by:

- Email Telephone Postal Mail

- My employer's Matching Gift form is enclosed
- I/We decline any benefits that reduce the amount of this tax-deductible gift

Contributions are tax-deductible to the extent allowed by law.

Please send information about:

- Including Skylight in my will
- Volunteer opportunities

For questions, please call Libby Amato at (414) 299-4953.

Please mail to: Skylight Music Theatre
Attn: Development Dept.
158 N Broadway St
Milwaukee, WI 53202