

SKIT Friends of the Theatre

Contributions Campaign: 2018-2019 Season

Thank you for your donation to ShowKids Invitational Theatre (SKIT). Your contribution allows SKIT to continue offering local area youth the opportunity to experience the joys of theatre. SKIT is a registered 501(c)(3) non-profit organization and your donation is tax deductible, as allowed by law. When you make a donation, your name, or your business name, will appear in SKIT's programs for the 2018-19 season under the appropriate category. Please choose one of the following donor categories.

Donor Categories			
<input type="checkbox"/>	Subscriber	Gifts of \$25 or more	Your name or business name will be listed in SKIT's programs
<input type="checkbox"/>	Supporter	Gifts of \$50 or more	Your name or business name will be listed in SKIT's programs
The categories below optionally include complimentary tickets in addition to program listing			Please read column for important info regarding tax deductibility
<input type="checkbox"/>	Sponsor	Gifts of \$100 or more	You may receive a voucher for 2 tickets to SKIT's next production.
<input type="checkbox"/>	Patron	Gifts of \$250 or more	You may receive a voucher for 2 tickets to each of SKIT's next main stage productions.
<input type="checkbox"/>	Benefactor	Gifts of \$500 or more	You may receive a voucher for 4 tickets to each of SKIT's next main stage productions.
<input type="checkbox"/>	Promoter	Gifts of \$1000 or more	
<input type="checkbox"/>	Champion	Gifts of \$2500 or more, over the course of a year	
			This will reduce the tax deductible portion of your gift by \$30. Check here if you want a discount code for these tickets. ()
			This will reduce the tax deductible portion of your gift by \$60. Check here if you want a discount code(s) for these tickets. ()
			This will reduce the tax deductible portion of your gift by \$120. Check here if you want a discount code(s) for these tickets. ()

Donor Name _____

Business Name (if applicable) _____

Mailing Address _____

Phone # _____ Email _____

Name as it should appear in the program _____

If donation is on behalf of a SKIT member, please specify who _____

PAYMENT METHOD

____ Check/Money Order enclosed, made payable to SKIT. Amount \$ _____

____ Credit Card VISA Circle type of card MASTER CARD

Card Number: _____

Expiration Date: ____ / ____ (mm/yy) Security Code _____

Name as it appears on card _____ (please print)

Address (if different from above) _____

Amount of Charge \$ _____ Signed: _____ Date: _____

Return to: SKIT Friends of the Theatre, 52 Thomas St., High Bridge, NJ 08829
 Questions? Call 908-797-7699 or email Friends@showkids.org