



Ballet Deviare Donation Form

Section 1: Contact Information

* = required information

First Name* _____

Last Name* _____

Street Address* _____

City* _____

State* _____ Zip Code* _____

Phone Number _____

E-mail _____

I may be contacted by email: _____ Yes _____ No, Please do not contact me by email

Section 2: Gift information

AMOUNT: (Check one)

_____ \$25 _____ \$35 _____ \$50 _____ \$100 _____ \$125 _____ Other: \$ _____

_____ My Company will match my gift. I will mail you a copy of the appropriate form from my corporation's matching gift program.

Make check payable to **Ballet Deviare Inc.** and send to below address.

Thank you for supporting the important work of Ballet Deviare. After your check clears, you will receive an official receipt acknowledging this transaction for your tax records.

Again, thank you for your support.