

Skylight

opera theatre

2009-2010 Annual Campaign

Name _____
Address _____
City/State/Zip _____
Phone _____
Email address _____

2009-2010 Donation Amount \$ _____

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

I/We do not want to receive any benefits that have a value.

Apply my contribution to:

- Opera productions
- Musical productions
- Enlighten, Skylight Opera Theatre's Education Program
- Facilities
- Where it is most needed

Check enclosed (payable to Skylight Opera Theatre)

Gift of stock

Credit Card one-time charge (VISA, Mastercard, Discover, or American Express)

I want to set up a monthly gift plan.

Please charge my credit card: \$ _____ per month beginning _____ .
Month Year

Credit Card # _____ Exp. _____

Signature _____ Date _____

Please bill me/us in quarterly/one-time installment(s) beginning _____ .
Month Year

We respectfully request that all pledges be paid in full by June 30, 2009.

Yes, my employer has a matching gift program and my form is enclosed.

I/We prefer to remain anonymous.

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

____ I/We would like information on including the Skylight in our estate plans.

____ I/We would like information about volunteer opportunities with the Skylight.

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