



First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Please accept my donation of: \_\_\_\_\_

I would like to make my gift in memory / in honor of:  
\_\_\_\_\_

### Payment Method

Check – Check enclosed for \$ \_\_\_\_\_ (please make check payable to In The Wings Theatre Organization.)

Credit Card – to complete online, visit [www.itwtheatre.org](http://www.itwtheatre.org)

Visa    Mastercard    Discover    AMEX

One Time Payment

Please charge my card for \_\_\_\_\_ months beginning in (month) \_\_\_\_\_ for \$ \_\_\_\_\_ for a total gift of \$ \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code \*: \_\_\_\_\_ (\*3-digit code on back; AMEX, 4-digit code on front.)

Signature \_\_\_\_\_

Billing address if different from above

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Mail this form to:

In The Wings Theatre Organization  
P.O. Box 90356  
Staten Island, NY 10309