

EnsembleArts Philly

Annual Fund Contribution Form

Name: _____

Address: _____

City, State Zip: _____

Phone Number: _____

E-mail Address: _____

Gift Amount

I would like to make a gift of: \$ _____

Payment Information

Enclosed is my check # _____

Checks can be made payable to Ensemble Arts, Ensemble Arts Philly, or the Kimmel Center.

Please bill my credit card: Number _____ Exp. Date: _____

One-time Monthly Installments Quarterly Installments

For installments, your card will be charged on or near the 15th of the month.

Please automatically renew this gift each year and enroll me in the Sustainer program.

Sustainers may cancel or modify their payments at any time.

Gift Details

I prefer not to receive membership benefits. I want 100% of my gift to support Ensemble Arts Philly, and to be fully tax deductible.

My gift will be matched by my employer: _____

I would like to be listed in Playbill and other publications as follows:

Recognition in the Playbill begins at the Platinum Circle level of \$1,000.

I would like to be contacted about Planned Giving and the Honickman Family Society

If you would like to make a multi-year pledge, a gift of stock, or if you have any additional questions, please contact our development office at 215.790.5321 or membership@ensembleartsphilly.org.

Return this form to:

**Ensemble Arts Annual Fund
c/o Kimmel Center
300 South Broad
Philadelphia, PA 19102**