

I WANT TO  
SUPPORT  
NEW PLAYS!

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Please make all checks payable to: PLAYPENN

( ) I wish to remain anonymous

**I want to make a contribution at the following level:**

\_\_\_\_\_ \$1,000      \_\_\_\_\_ \$500      \_\_\_\_\_ \$250  
\_\_\_\_\_ \$100      \_\_\_\_\_ \$50      \_\_\_\_\_ Other

**Please send your contribution to:**

**PlayPenn  
100 South Broad Street  
Suite 1318  
Philadelphia, PA 19110**

*\*don't forget to ask your employer to match your gift\**

*\*PlayPenn is a 501(c)3 organization\**

*\*donations are tax deductible\**

