

DRAMA THERAPY FUND CONTRIBUTION FORM

NAME: _____

ADDRESS: _____

CITY: _____

STATE/PROVINCE _____ ZIP: _____ COUNTRY: _____

HOME PHONE _____ WORK PHONE _____

EMAIL (required) _____

____ I wish to give anonymously.

____ Please, contact me. I would like information about supporting The Drama Therapy Fund through gift and estate planning.

____ Please, contact me. I have information about potential grants or foundations The Drama Therapy Fund could apply to.

Please make checks payable to: "The Drama Therapy Fund" and send to:

The Drama Therapy Fund
c/o Sally Bailey, *Treasurer*
1626 Leavenworth Street
Manhattan, KS 66502

CATEGORIES OF GIVING:

_____ Role Model – Up to \$249

_____ Hero – \$250 to \$499

_____ Warrior – \$500 to \$999

_____ Mentor – \$1,000 to \$4999

_____ Legend – \$5,000 and above.

Enclosed is my check for \$ _____

Your donation to The Drama Therapy Fund is tax-deductible as permitted by law.

Drama Therapy Fund Donors will be listed on the Drama Therapy Website Donor Page for the current fiscal year, unless you specify that you wish to be listed anonymously (see above).

Thank you for your contribution.