



THEATRE GROUP NEW MEXICO
P. O. Box 1436, Silver City, NM 88062 Phone: 575 538-6609

CONTRIBUTOR FORM

Please fill out the top portion whether for "Monetary" or "Other" contributions and submit entire page.

Name: _____

Organization/Business: _____

Address: _____

Telephone: (H) _____ (C) _____ E-mail: _____

MONETARY CONTRIBUTIONS - SUGGESTED LEVELS (Please see "Contribute" page for benefits)

Friend.....\$1-49 Patron.....\$100-249 Benefactor.....\$500-999

Associate.....\$50-99 Director's Circle....\$250-499 Angel.....\$1,000 +

Contribution Amount: \$ _____ Please enclose a check made out to **TGNM**.

Names of Contributors giving a minimum of \$25 will be included in our season programs. If you do not want your name listed in the program, please indicate by initialing below.

(Initials) _____ I **DO NOT WISH MY NAME LISTED** as a contributor in the TGNM season program.

If you have contributed at the **Director's Circle**, **Benefactor** or **Angel** level, please indicate the address to which you would like your complimentary tickets sent if different from the above address:

Address _____

OTHER CONTRIBUTIONS (Building Supplies, Materials, Fabric, Costumes, Props, etc.)

Proposed Contribution (please be specific): _____

If we are able to accept your contribution, would you like us to: (Please check one)

_____ Pick the item (s) up. If so, please tell us where to pick them up. We will contact you to arrange a date and time. Pick up at: _____

_____ I prefer to deliver the items to TGNM Please contact me to make arrangements.

Thank you for your support of the arts in your community and our county!!