



Williamstown Theatre Festival

Membership

Mail completed form to: Development Office, WTF, P.O. Box 517, Williamstown, MA 01267-0517

Yes, I/we want to support the Williamstown Theatre Festival by making a contribution of:

\$50 \$150 \$300 \$600 \$1,500 \$2,500 \$5,000 \$10,000 Other \$ _____

Type of membership: Personal Business

Please print:

Name (as you would like it to appear in print) _____

I wish to remain anonymous

Business Name (if applicable) _____

Address _____

City / State / Zip Code _____

Home Phone _____

Work Phone _____

Email Address _____

Seasonal Address

Address _____

City / State / Zip Code _____

Phone _____ Dates applicable (month/day): from ____ / ____ to ____ / ____

Payment Information

Enclosed is a check in the amount of \$_____ payable to Williamstown Theatre Festival.

Or charge \$_____ to my Visa MasterCard American Express

Card # _____ Exp. Date _____

Name on card _____

Signature _____ Date _____

My employer will match my gift:

Matching gift form enclosed No matching form required, I've registered my gift.

Employer Name _____ Amount of match \$ _____

Several membership levels entitle you to benefits that reduce the tax-deductible portion of your gift.

Check here if you do not wish to receive taxable benefits; you may deduct the full gift amount.

Please send me information about including WTF in my estate plans.