

Allied Theatre Group
821 / 823 W Vickery Blvd.
Fort Worth, TX 76104
www.StageWest.org
817-STG-WEST



SUSTAINER GIVING FORM

While ticket sales are important, they only cover the plays themselves. We still need the help of people like you to cover the general operating expenses that come with running a professional live theatre. **Any size donation has an immediate impact.** If you want a little recognition for your gift, think about donating \$50 or more! This level gets you in the program and a big, big thanks from all of us at Stage West.

When you participate, your donation will be transferred conveniently from your checking or savings account directly to Allied Theatre Group.

Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Email _____

I'd like to make a _____ Monthly _____ Quarterly _____ One-time donation of \$ _____ .

All donations will be processed on the *5th of the month.*

I plan to make this donation in the form of:

_____ Checking Account: Please attach a voided check.

_____ Savings Account: **Please attach a deposit slip or contact the ORG NAME for an additional form]**
*****If using a deposit slip, please verify the routing number listed is the ABA Routing Number for your bank.***

Enclosed is a voided check for my donation. Please transfer my donation from my checking/savings account. I understand my future donations will be transferred directly from my account as stipulated above. I understand that I may increase, decrease, or suspend my gift any time by contacting Allied Theatre Group by phone or mail. All donations provided to Allied Theatre Group comply with U.S. Law.

Signature (Required) _____ Date _____

KEEP THIS PORTION FOR YOUR RECORDS

For your convenience, record your donation \$ _____. All donations will be processed on the *5th of the month.* You may increase, decrease, or suspend my gift any time by contacting Allied Theatre Group by phone or mail. All donations provided to Allied Theatre Group comply with U.S. Law.