

DONATION FORM

YOUR GIFT MAKES A DIFFERENCE!



TICKET SALES COVER ONLY A PORTION OF PRODUCTION AND COMMUNITY AND EDUCATION PROGRAM COSTS EACH SEASON.

As a non-profit organization, our mission is to make the art form accessible to everyone in our community. Your generous gifts make this possible.

DONOR INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ PHONE: _____

DONATION PAYMENT INFORMATION

Your gift will provide you with benefits that elevate your Ballet Austin experience.

I WOULD LIKE TO MAKE A ONE-TIME GIFT OF \$ _____

____ I have enclosed a check for my payment in full.

____ I would like to pay in full with a credit card.

____ I would like to put my donation on a monthly payment plan by credit card (please choose from the below options – deadlines to apply shown).

☐ 6 Months

☐ 5 Months

☐ 4 Months

☐ 3 Months

☐ 2 Months

☐ Other _____

☐ Please contact me to make other payment arrangements

I WOULD LIKE TO MAKE A MONTHLY RECURRING GIFT* BY CREDIT CARD OF \$ _____

☐ MY COMPANY WILL MATCH MY GIFT. PLEASE CONTACT ME FOR DETAILS.

CREDIT CARD INFORMATION (IF APPLICABLE)

CREDIT CARD # _____

EXPIRATION DATE _____ CVV _____

NAME ON CARD _____ SIGNATURE _____

If you have any questions, please feel free to call Brooke Holmes at 512.476.9151, ext. 114 or email brooke.holmes@balletaustin.org.

*Monthly sustaining donations will be charged each month until such time as the donor asks Ballet Austin to discontinue charges. Benefits will be renewed every 12 months as long as the donation continues.