



## Ballet Deviare Donation Form

### Section 1: Contact Information

\* = required information

First Name\* \_\_\_\_\_

Last Name\* \_\_\_\_\_

Street Address\* \_\_\_\_\_  
\_\_\_\_\_

City\* \_\_\_\_\_

State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail \_\_\_\_\_

I may be contacted by email: \_\_\_\_\_ Yes \_\_\_\_\_ No, Please do not contact me by email

### Section 2: Gift information

AMOUNT: (Check one)

\_\_\_\_\_ \$25 \_\_\_\_\_ \$35 \_\_\_\_\_ \$50 \_\_\_\_\_ \$100 \_\_\_\_\_ \$125 \_\_\_\_\_ Other: \$ \_\_\_\_\_

\_\_\_\_\_ My Company will match my gift. I will mail you a copy of the appropriate form from my corporation's matching gift program.

Make check payable to **Ballet Deviare Inc.** and send to below address.

Thank you for supporting the important work of Ballet Deviare. After your check clears, you will receive an official receipt acknowledging this transaction for your tax records.

Again, thank you for your support.