

| Friend\$500-\$99 Builder\$5,000-\$9,99 Innovator Founder Donors contributing | 99 Designer \$30,000-\$49,999 | Heritage Circle | \$ | 20,000-\$29,999 50,000-\$99,999 |
|--|----------------------------------|---------------------------|---------------------------|------------------------------------|
| | | | | |
| Single Donation | Form - see second | category for month | nly donation option | n |
| (Do not fill out the f | following form portion if y | ou would like to opt to m | ake monthly donation) | |
| Payment Method: Cash | (payable to Willcox Thea | ter and Arts) | Card | Securities |
| If Cash or check simply enclose your securities please call 520-766-3335 | | | | |
| | Visa 🔲 | American Express | ☐ Mastercard ☐ | Discover |
| No. | | Ехр | CCV | |
| Name on Card | | | | |
| Single contribution amount: | Auti | norized Signature: | | |
| | | | | |
| | ion Form - see first | | | |
| (Do not fill out the f | following form portion if y | ou would like to opt to m | nake a single donation) | |
| Monthly gift amount: | | | | |
| | Visa 🗆 | American Express | ☐ Mastercard ☐ | Discover |
| No. | | Exp | CCV | |
| Name on Card | | | | |
| *By signing below, you authorize WTA during the first week of each month (until you ask to discontinue your parti | please include account in | formation above). We wi | Il continue to process yo | |
| I HAVE READ, UNDERSTOOD, AND AC | CEPT THIS AGREEMENT: | | | |
| Signature: | | | | |
| Donor Information - pl | ease fill out the foll | owing regardless o | of your donation m | nethod |
| Name | Email | | Phone Number | |
| Address | City | | State Zi | pq |
| I want to be an anonymous donor \Box | I want to reserve this na | ming opportunity: | | |