		_			
Name(s)		*0	Circle of Ann	ual c.	
Address		Directe	O Angel (\$25,000	Vir	20
City, State, Zip			O Benefactor (\$10		•
Gity, State, Zip			O Underwriter (\$5	,000)	
Email			O Producer (\$2,50	00)	
			O Star (\$1,000)		
SEASONAL ADDRESS INFORMATION					
From To			O Patron (\$500-\$9	999)	
Address			O Supporter (\$25	0-\$499)	
City, State, Zip		-	Ensemble (\$10	0-\$249)	
			O Player (up to \$9	99)	
	PAYMENT IN	IFORMATION:			
	Oheck enclo	Check enclosed, payable to Heartwood			
	O Please char	ge my 🔾 Visa 🤇) Mastercard		
10	One-Time (Monthly Quarterly Bi-Annually			
TEADTWOOD.	Amount:				
(Y (EARTWOOD	Account Number			Billing Zip	
REGIONAL THEATER COMPANY	Code				
REGIONAL IIIEATER COMPANI	Exp. Date Sig	gnature			CVV

Heartwood is a 501(c)(3) organization.

All Annual Fund gifts are fully tax-deductible according to IRS guidelines. EIN# 56-2404197

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O I wish to give anonymously.

O In honor / memory of:_