



YES!! I would like to support NCTC:

\$2,500 \$1,000 \$500 \$250 \$100 \$50 Other \$ _____

Enclosed is my check payable to : **New Conservatory Theatre Center**

Charge my credit card # _____ Expiration date: _____ Security Code: _____

Make my gift a monthly recurring donation of \$ _____ (\$10 minimum payment per month)

I would like my gift to support:

Where It's Needed Most Pride on Tour Emerging Artists Program

Youth Conservatory YouthAware New Play Development Lab

Other Ways to Give:

My employer has a matching gift program; the appropriate forms are enclosed.

Please send me information on giving appreciated stock to NCTC.

Please send me information on remembering NCTC in my estate plans.

I have included NCTC in my: Will Insurance Policy Retirement Plan

Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Signature: _____ **Date:** _____

How would you like your name to appear in promotional materials (if different from above)?

Please make my gift anonymous

Return this form to: NEW CONSERVATORY THEATRE CENTER
25 Van Ness Avenue, Lower Level
San Francisco, CA 94102

For more information contact:
Margaret Weadick, Individual Donor Manager
415.694.6158 or margaret@nctcsf.org

To make a secure donation online, please visit www.nctcsf.org.

NCTC is a 501(c)3 nonprofit organization and your contribution is tax-deductible as allowed by law.