



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 # _____ Exp. Date: _____ Sec. Code: _____

Make my gift a recurring donation of \$ _____ (\$10 minimum payment per month) each month/ quarter (*check one*) until _____. (*enter date*)

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

CONTACT INFORMATION

Name _____

Street _____

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

Attn: Nora Segura-Barpal, Director of Individual Giving
25 Van Ness Avenue, Lower Level
San Francisco, CA 94102

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