

2013-2014 Annual Fund Donation Form

Please fill out the form below and mail to:

Avalon Theatre 5612 Connecticut Ave NW Washington, DC 20015

***	ayable to Avalon Theatre Pro	oject) is enclosed for: Plea	n's Annual Fund. ase bill my MasterCard or Visa card for ount: \$
CARD #:		EXP:	-
SIGNATURE:			
NAME:			
ADDRESS:			
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Please sign me up for the Av	alon e-Newsletter		

Thank You!

The Avalon Theatre Project, Inc. is a 501(c)(3) nonprofit, donations to which are tax deductible to the fullest extent permitted by law.

You may also donate online at: www.theavalon.org/support/annual-fund/