



## 2017-18 ZACH Pack Donation Form

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (Day) \_\_\_\_\_ Phone (Eve) \_\_\_\_\_  
Email \_\_\_\_\_

**Yes! I would like to support ZACH's world-class theatre productions and extensive education programs with the following contribution:**

ZACH Pack Membership

One Year - \$1,000/member x \_\_\_\_\_  Three Year - \$3,000/member x \_\_\_\_\_

ZACH Pack Membership Recipients (*as you wish to be recognized*)

\_\_\_\_\_  
\_\_\_\_\_

### Payment Options:

Total amount payable to ZACH Theatre \$ \_\_\_\_\_

My employer \_\_\_\_\_ will match my gift!

Check enclosed (*payable to ZACH Theatre*)  Please send me an invoice for the above amount  
 Please charge my credit card on \_\_\_\_\_ (mm/dd/yy)  
 Visa  MasterCard  American Express  Discover

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ (mm/yy) CVV \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Additionally:

Please contact me about a 2017-18 Season subscription  
 I am interested in getting my company \_\_\_\_\_ involved at ZACH

**Thank you for your generous support of ZACH Theatre!**  
*ZACH Theatre is a 501(c)(3) nonprofit organization EIN# 74-1369410*

**ZACH**  
T H E A T R E

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For more information, contact Cathleen Berdan, Special Events Manager at  
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