

Donation Form



The Folly Theater

Enhancing Lives through the Power of the Arts

Donor Information (please print or type)

Name _____

Billing address _____

City, ST Zip Code _____

Phone 1 | Phone 2 _____

Fax | Email _____

Gift Information

I (we) gift a total of \$_____ to be paid: now monthly quarterly yearly.

I (we) plan to make this contribution in the form of: cash check credit card other.

Credit card type | Exp. date _____

Credit card number _____

Authorized signature _____

Gift will be matched by (company/family/foundation) _____

form enclosed form will be forwarded

Acknowledgement Information

Please use the following name(s) in all acknowledgements: _____

I (we) wish to have our gift remain anonymous.

Signature(s)

Date

Please make checks, corporate matches,
or other gifts payable to: The Folly Theater

For questions or comments, please contact Brian
Williams, Director of Development at 816-842-5500
or brian@follytheater.org

The Folly Theater
P.O. Box 26505
Kansas City, MO 64196
Fax: 816-842-8749
Email: brian@follytheater.org

Thank your gift!

The Folly Theater is a 501(c)(3) nonprofit organization