

Connecticut Theater Festival Annual Campaign

November 1, 2008 – September 30, 2009

Name _____

(as you wish to be listed in our program)

Address _____

City/State/Zip _____

Home Phone _____

Matching gift form enclosed

My gift will be matched by _____

Amount: \$ _____

Check enclosed, payable to CTF

Please charge my:

Visa

Master Card

Card # _____

Exp. Date _____

Signature _____

MAIL TO: CTF, P.O. Box 342, Weatogue, CT 06089. You will receive a tax deduction letter in the mail.