

Donation Form

Address:				
City:	ty: State:			Zip:
Email:	Phone:			
Please	list my name as written a	bove or list	t as:	
l would	l like to remain anonymo	ıs, please do n	ot include my name	on any published donor listings.
	Thank you for su	upporting th	e Pennsylvania B	Ballet Academy.
	Р	lease select	your giving level	:
	\$50	\$100	\$250	Other:
	\$500	\$750	\$1,000	
Payment Option	ns			
CHECK (Please	make payable to Pennsy	lvania Ballet A	.cademy)	
VISA	MASTERCARD	DI	SCOVER	AMEX
Accoun	nt #:			
EXP. Da	EXP. Date:		Security Code:	
Billing A	Address for Card:			
l would	I like to pledge a gift of \$		Please send mo	e an invoice.

Please complete and return your gift to the Pennsylvania Ballet Academy, or use the online form to make a secure donation online at www.paballetacademy.org.