



I (We) would like to make a donation to LHS Theatre:

Name(s) _____
Address _____
City, ST, Zip Code _____
Phone 1 | Phone 2 _____
Email _____

My relationship to Lutheran High School (check all that apply) _____ parent, _____ grandparent
_____ other, please describe: _____

Gift Information

____ I (we) plan to give a total of \$_____ to be paid: ☐ payment enclosed ☐ payments

Director's Circle - \$150 and above

Patron of the Arts - \$100 to \$149

Friend of the Theatre - \$50 to \$99

____ 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) _____

Check here to see if your employers matches contributions: <http://www1.matchinggifts.com/lhsi>

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:

Lutheran High School of Indianapolis