

# The Angel Fund



FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

I have enclosed a check in the amount of \$ \_\_\_\_\_

Please charge my credit card in the amount of \$ \_\_\_\_\_

MasterCard

Visa

Discover

American Express

NAME ON CARD \_\_\_\_\_

ACCT. NUMBER \_\_\_\_\_

EXP. DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

2400 Flora Street, 8th Floor, Dallas, Texas 75201  
214.252.3925 | [www.dallastheatercenter.org](http://www.dallastheatercenter.org)

Please include this reply card in the enclosed envelope. Your gift is tax deductible to the fullest extent of the law. We thank you for your generous support!

**Dallas Theater Center**