



# DONATION FORM

I wish to make a donation of \$ \_\_\_\_\_ to National Theatre of Scotland America Inc.

## YOUR INFORMATION

Last name\*: \_\_\_\_\_

First name(s)\*: \_\_\_\_\_

Middle initial\*: \_\_\_\_\_ Title\*: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip Code: \_\_\_\_\_

Tel: \_\_\_\_\_

Email: \_\_\_\_\_

\*The office of National Theatre of Scotland America Inc. will use your details to process your membership and facilitate bookings. Please write your name as you would like it to be listed on the National Theatre of Scotland America webpage.

## PLEASE SELECT YOUR PREFERRED METHOD OF PAYMENT

I enclose a check payable to "National Theatre of Scotland America Inc"

Please debit my Mastercard / Visa / Access / Amex (delete as appropriate)

Name (as it appears on card) \_\_\_\_\_

Card Number | | | | | | | | | | | | | | | | | | | | | |

Billing address \_\_\_\_\_

\_\_\_\_\_

Issue date | | | | | Expiry date | | | | | Security No. | | | | |

Signature \_\_\_\_\_ Date \_\_\_\_\_

## PLEASE COMPLETE THIS FORM AND RETURN TO:

National Theatre of Scotland America Inc.,  
c/o Chapel & York Limited, 1000 N. West Street, Suite 1200, Wilmington, DE 19801, USA