

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

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