



## Michigan Opera Theatre Gift Form

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

**Please accept my contribution of \$ \_\_\_\_\_ to the following campaign:**

- Membership (Gift of \$1-\$999)
- General Director's Circle/Camerata Club (Gift \$1,000+)
- Dance Member/Dance Patron Circle (Gift to support our Dance Programs)

### Payment Information:

Check Enclosed – Please make checks payable to Michigan Opera Theatre

MasterCard     Visa     American Express     Discover

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

### Please check all that apply:

- I have donated to and/or purchased tickets from MOT in the past.
- I prefer to receive donor benefit information by email when possible.
- I wish to decline all donor benefits.

**Please return this form to:** Membership Campaign  
Michigan Opera Theatre  
1526 Broadway  
Detroit, MI 48226