

Please mail or fax this form to:

Shen Yun Performing Arts 140 Galley Hill Rd., Cuddebackville, NY 12729, USA Fax: 1 (800) 208-2394

Donor Information

Name	
Address	
Phone	Email
☐ I want to stay anonymous.	
I would like to make a co	ontribution of
□ \$50 □ \$100 □ \$200 [□ \$500 □ \$1,000 □ \$2,000 □ \$5,000 □ Other\$
l am contributing via	
□ check made payable to SH□ credit / debit card (my info	
Please charge this gift to	
□ VISA □ MasterCar	d American Express Discover
Name on credit / debit card	
Card Number	Expiration
Security Code (3-digit number on bac	k of card)
Signature	
Donation Receipt	
☐ Please send Receipt	☐ Please do not send Receipt
Additional Comments	