

PAYMENT INFORMATION

Please make checks payable to
Second Street Players
or charge to Amex, Discover,
MasterCard, or VISA.

Name on Card:

Card Number:

Expiration Date (MM/YY):

Security Code:

Signature:

Total Donation Amount:

Payment Method

☐ Check ☐ Card ☐ Cash



PREFER TO DONATE ONLINE?

Visit
www.secondstreetplayers.com,
click on the "Join Us!" button,
and then look for the CLICK
HERE to visit our Membership
and Donation Portal.
(or go directly by scanning the
QR code below with
your cellphone.)



Second Street Players

*Support
Local
Theater*



*Become a Member
Through Your Donation!*



Second Street Players
at the Riverfront Theater

Second Street Players
is a community-
driven theater
dedicated to
creativity, education,
and bringing people
together.



Your donation
keeps our stage
lights bright and
our mission
thriving.



2 S. Walnut Street
Milford, DE 19963
(302) 422-0220
info@secondstreetplayers.com

MEMBERSHIP THROUGH GIVING

When you donate at any of the levels below, you automatically receive a membership at that level.

- ◆ **Friend — \$25–\$99**
Support our productions,
youth programs, and community
outreach.
- ◆ **Patron — \$100–\$249**
Strengthen our theater's artistic
and educational programming.
- ◆ **Angel — \$250–\$499**
Expand opportunities for
performers, volunteers, and
audiences.
- ◆ **Benefactor — \$500–\$999**
Sustain the future of SSP and
enhance our technical
capabilities..
- ◆ **Philanthropist — \$1000+**
Make a profound impact and
support long-term growth.

All donors will be recognized
on our web page.

Donors at the *Patron* level and
above will be listed in our programs..

*Memberships received January through
October will be effective for the
remainder of the year.*

*Memberships received in November through
December will be effective
through the following year.*

DONOR INFORMATION

*Please complete both sides of
this form. You can tear off this panel
and mail it to:*

Milford Second Street Players
PO Box 470
Milford, DE 19963

Name: _____

Today's Date: _____

Address: _____

City: _____

State: _____ Zip: _____

Email Address: _____

Contact Phone: _____

