



Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Pledge Amount: _____

Pledge Period: One-time Gift 2-Year 3-Year
(please circle)

Method of Giving:

Cash/Check *(please make check payable to: Theatre in the Park Capital Campaign)*

Credit Card *(please indicate your account number, expiration date and signature)*

Visa

MasterCard

Discover

Name as it appears on card: _____

Credit Card Number: _____ Expiration Date: _____

Signature: _____

Stocks

Real Property — Estimated Value: _____

This gift is in honor of (name): _____

If you are interested in giving mutual funds or real property, please estimate the value of the asset. The Campaign Coordinator will contact you to assist you in determining the actual value.

If you would like your payments spread out through the year, please circle preferred period below:

Annually

Bi-annually

Quarterly

Monthly

*Please check with your employer on matching gift opportunities.

The Theatre in the Park