



Donor Information (please print or type)

*Name _____

*Billing address _____

*City _____

*State _____ *ZIP Code _____

*Telephone _____

*E-Mail _____

*required fields

Pledge Information Involvement Levels

I (we) pledge a total of \$ _____ to be paid:

____ now ____ monthly ____ quarterly ____ yearly: for years _____.

I (we) plan to make this contribution in the form of:

____ cash ____ check ____ credit card ____ other.

Credit card type _____ Expiration date _____

Credit card number _____

Authorized signature _____

Gift will be matched by

_____ (company/family/foundation)

____ form enclosed ____ form will be forwarded

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

_____ I (we) wish to have our gift remain anonymous.

Signature(s) _____

Date _____

Complete this form and mail it with your donation. Please make checks, corporate matches, or other gifts payable to:

The Theatre @ Boston Court

P.O Box 60187

Pasadena, CA 91116-6187

Or FAX your pledge to: 626-683-6886