



PLEDGE FORM

Name as you would like to be recognized

Email Address

Home Phone

Mailing Address

Your Gift

- Director - \$10,000+
- Patron: \$5,000 - \$9,999
- Artist: \$2,000 - \$4,999
- Headliner: \$1,000 - \$1,999
- Leader: \$500 - \$999
- Advocate: \$250 - \$499
- Associate: \$100 - \$249
- Friend: \$1 - \$99
- Other -\$ _____

Payment Method

- Check Enclosed
- Charge Credit Card
(circle one) Visa MasterCard American Express Discover
- Charge My Entire Gift of \$ _____
- Charge My Pledge of \$ _____ to be paid in monthly installments of \$ _____
- My Sustainer Pledge of \$ _____ to be paid in monthly installments of \$ _____

Name on Card: _____

Account Number: _____

Exp. Date: _____ Signature: _____

Please Check The Appropriate Boxes Below

- My gift can be matched by my employer: _____
(Note: Please include form from your employer or call 612.872.5314)
- I want to include CTC in my estate plans. Please contact me.
- I have included CTC in my will.

Please Fax This Form To: 612-874-8119

Or Mail To:
Children's Theatre Company
Attn: Development Office
2400 3rd Avenue South
Minneapolis, MN 55404

THANK YOU FOR YOUR SUPPORT OF CHILDREN'S THEATRE COMPANY