

# **Donation Form**

#### **Donor Contact Information:**

	Name:						
	Email:						
	Mailing Address:						
Gift ar	nd Pledge Information:						
•	Total Gift/Pledge Amount: \$						
•	Check one:						
	□ Gift						
	Pledge, with the payment schedule as follows: (check one)						
	<ul> <li>Monthly, payments beginning in(month).*</li> </ul>						
	<ul> <li>Annually, three payments beginning in (month).*</li> </ul>						
	*All pledges to the Second Century Campaign must be fully paid by December 1, 2027						
•	Recognition Preference. Please list your name(s) as you wish them to appear in program						
	listings and signage for the Second Century Campaign:						
	<ul> <li>Name(s):</li></ul>						
lf you i	intend your gift/pledge to Name a Seat, your contribution will be recognized with a						

If you intend your gift/pledge to Name a Seat, your contribution will be recognized with a personalized plaque on the selected seat. Please fill out the section below to indicate your preferred seat and its inscription. (Leave blank if you do not want your donation to name a seat.)

□ Balcony (\$1,000 per seat \* Number of Seats): \_\_\_\_\_ (List preferred seat(s)

□ Main Floor: (\$2,500 per seat \* Number of Seats): \_\_\_\_\_ (List preferred seat(s)

Inscription (Up to 2 lines, 28 characters per line, per seat):

Line 1:	 	 	

Line 2: \_\_\_\_\_

Please note: Seat locations will be assigned on a first-come, first-served basis within the selected section. A representative from The Grand will contact you regarding available seat selection if your preferred seat is unavailable.



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### **Payment Information:**

- Payment Method: (check one) •
  - Gift made online at www.grandtheater.org/support
  - Check enclosed. If paying by check, please make payable to:

## Performing Arts Foundation.

Credit Card payment information is below. Please charge my gift/pledge as outlined above.

Card Type: \_\_\_\_\_

Card Number:

Expiration Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

## **Donor Agreement:**

I hereby agree to make the above-stated donation to the Performing Arts Foundation. I understand that this donation is irrevocable and will be used to support the Grand Theater's Second Century Campaign. I authorize the Performing Arts Foundation to process my payment information as indicated above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_