

Donation Form

Donor Contact Information:

Name: _____

Email: _____

Mailing Address: _____

Gift and Pledge Information:

- Total Gift/Pledge Amount: \$ _____
- Check one:
 - ☐ Gift
 - ☐ Pledge, with the payment schedule as follows: (check one)
 - Monthly, payments beginning in _____ (month).*
 - Annually, three payments beginning in _____ (month).*

***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:
 - ☐ Name(s): _____
 - ☐ I/We prefer to be listed as *Anonymous*.

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: _____