

# 100th Anniversary Endowment Pledge Form



NAME(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

May we acknowledge your name(s) in our program? (circle one) Yes / No  
Print how you want your name(s) to be listed in the program:

\_\_\_\_\_

If you choose to make a one-time payment of \$1,500  
your commitment to this campaign is complete - Thank you!

· · Full payment now - \$ 1,500

I would like to pay on the following installment plan - can be paid through June 2028, we will bill or take credit card payments up to the total of \$1,500.

.....Monthly payments of \_\_\_\_\_ suggested - \$25 or more will be paid in full in approximately 5 years'

.....Annual payments of \_\_\_\_\_ suggested - \$ 200 or more will be paid in full in approximately 7 years

**Please invoice me for these payments**

**Please charge my credit card for these installments**

**Schedule my first installment to be charged** \_\_\_\_/\_\_\_\_  
Month Year

## PAYMENT METHOD

I have enclosed a check

Please charge to my credit card

Visa

MasterCard

Discover

CARD # \_\_\_\_\_ Expiration Date: \_\_\_\_\_ cvv/cvc/cid CODE: \_\_\_\_\_

SIGNATURE \_\_\_\_\_

*Thank you for your  
generous donation*



**Fort Wayne Civic Theatre  
303 E Main Street Fort  
Wayne, IN 46802**