

My 2009-10 Contribution to Children's Theatre: \$ _____

I will initiate a matching gift from my company. (Attach matching gift form.)

My check, payable to Children's Theatre of Charlotte, is enclosed.

I will make my donation via online banking.

Please charge my gift to: MasterCard VISA

Cardholder Name (print)

Account Number

Exp. Date

3-Digit Security Code

Signature

This a pledge, bill me: Annually Semi-annually Quarterly

Please have my payments begin: _____ to be paid by 5/2010
Month

My pledge will be paid with stock.

(Please call the Development Office for assistance 704.973.2804)

My gift: is in honor of: is in memory of:

Please send an acknowledgement card to:

Name: _____

Address: _____

Name: _____

Address: _____

Email: _____

Phone (Day/Eve): _____

Employer (Husband): _____

Employer (Wife): _____

Please send me information about ENCORE!, Children's Theatre of Charlotte's award-winning volunteer organization.

I am interested in discussing Planned Giving opportunities.

For patron benefits, please list information below:

Child's Name	Relationship	Birthday (MM,DD,YY)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

On behalf of our board, staff, volunteers, and especially the more than 311,000 young people and families we annually serve, thank you for your support of Children's Theatre of Charlotte.