My 2010-11 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 5/2011
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)

Financial information about the organization and a copy of its license are available from the State Solicitation Licensing Branch at 1-888-830-4989. The license is not an endorsement by the State.

On behalf of our board, staff, volunteers, and especially the more than 287,500 young people and families we annually serve, thank you for your support of Children's Theatre of Charlotte.