



YOUR COMMUNITY STAGE

LIGHT THE STAGE! CAPITAL CAMPAIGN DONOR PLEDGE FORM

CONTACT INFORMATION – see next page for recognition preferences

Name _____

Address _____ City _____ State ____ Zip _____

Phone _____ Email _____

GIFT INFORMATION

I (We) wish to contribute in the form of Cash Check Credit Card Stock Property In-Kind*
Please make checks payable to Lakeshore Players Capital Campaign

Credit card amount: \$ _____ Visa MasterCard AmEx Discover

Number _____ Expiration date _____

Security code (back of card) _____ Signature _____

My gift will be matched by (organization) _____ in the amount of \$ _____

Please contact me about employer matching gift program

Company Form is enclosed

Form to be forwarded to/address _____

PLEDGE INFORMATION

I (We) pledge a total of \$ _____

To be paid in installments over 1 year 2 years 3 years Other _____

Please bill me starting ___/___/___ and thereafter monthly quarterly semi-annually annually

*IN-KIND: Please describe your gift _____

Value (Not to Exceed): \$ _____

Continued...



Capital Campaign 651-429-2316 | Office 651-426-3275 | www.LakeshorePlayers.org
LightTheStage@LakeshorePlayers.org | 4820 Stewart Ave | White Bear Lake, MN 55110
Lakeshore Players Theatre is a 501(c)3 nonprofit organization (Federal Tax ID 41-6038716)

DONOR RECOGNITION

Please acknowledge this gift with the following name(s), specifying "in honor of/in remembrance of" if applicable.

_____ I (We) wish to remain anonymous.

DONOR SIGNATURE(S)

Name(s) _____

Date _____

MAIL

Please send pledge form and payment to:

Joan Elwell, Executive Director
Lakeshore Players Theater
4820 Stewart Ave
White Bear Lake, MN 55110

(651) 429-2316
joan@lakeshoreplayers.org

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FOR OFFICE USE ONLY

Date Received ___/___/___

Date Acknowledged ___/___/___

Recorded ___

NOTE:

Empty box for office use only.