



Projecting our future together.

County Theater
P. O. Box 779
Doylestown, PA 18901

1 Donor Information (PLEASE PRINT CLEARLY)

Form fields for donor information: LAST NAME, FIRST NAME, LAST NAME (2ND PERSON), FIRST NAME (2ND PERSON), STREET ADDRESS, CITY, STATE, ZIP, EMAIL, TELEPHONE.

4 Recognition

I/WE PREFER TO REMAIN ANONYMOUS

Form fields for recognition: NAME(S) AS YOU WISH TO BE RECOGNIZED (two lines).

2 Total Gift:

Total gift fields: \$, MY TOTAL GIFT.

3 Gift Timing & Pledge

Gift timing and pledge fields: \$, ENCLOSED INITIAL GIFT, I will pay the remainder over: 1 YR, 3 YRS, 5 YRS, Other, MONTHLY, QUARTERLY, ANNUALLY, Contact us if you wish to discuss your pledge schedule.

5 Payment

Check. Enclosed is my gift of \$ (checks payable to County Theater, Inc.)
Credit. Please charge \$ to my VISA MasterCard Discover AMEX

Form fields for payment: NAME ON CREDIT CARD (PLEASE PRINT CLEARLY), ACCOUNT NUMBER, EXPIRATION DATE, CVV, SIGNATURE.

Stocks/Wire Transfers/Other.

Please contact our office for details: gifts@countytheater.org (215) 348-1878 ext 115

6 Pledge Acknowledgement

(IF APPLICABLE)

I/We understand that County Theater, Inc. will be relying on my/our pledge for its finances.



Signature and date lines for pledge acknowledgement.

EVERY GIFT MATTERS!

Thank you for your gift in support of the County Theater.

For more information about your gift, pledge, named gift opportunities, company matching gift, or planned gift:

Call us at: 215-348-1878 extension 115

Email us at: gifts@countytheater.org