

1 Donor Information (Please Print Clearly)			2 Total Gift:		
			_ \$		
LAST NAME FIRST NAME			MY TOTAL GIFT		
LAST NAME (2ND PERSON) FIRST NAME (2ND PERSON)		D PERSON)	3 Gift Timing or Pledge		
STREET ADDRESS			☐ This is a one time gift.		
CITY		STATE ZIP	_ □ I wish to make a gift pledg _ \$	e as follows:	
EMAIL		TELEPHONE	I will pay the remainder over:		
4 Recognit	NAME(S) AS YOU WISH TO BE RECO	NAME(S) AS YOU WISH TO BE RECOGNIZED		- □ 1 YR □ 3 YRS □ 5 YRS □ Other Payments will begin on <u>month / year</u> and will be made	
F Dowmant	☐ Check. Enclosed is my gift of	of \$	(checks payable to County	Theater, Inc.)	
5 Payment	☐ Credit. Please charge \$	Check. Enclosed is my gift of \$ (checks payable to County Theater, Inc.) Credit. Please charge \$ to my □ VISA □ MasterCard □ Discover □ AMEX			
	Online gifts can be made at				
NAME ON CREDIT CARD (PLEASE PRINT CLEARLY)				☐ Stocks/Wire Transfers/Other. Please contact our	
ACCOUNT NUMBER			EXPIRATION DATE CVV office for details: gifts, countytheater.org (215) 348-1878 ext 115		
SIGNATURE					

IRA Distributions: Are you 72 or older and taking a Required Minimum Distribution from your IRA? Consider this tax-free option when making an

Contact us if you wish to discuss your gift or pledge. Email at gifts@countytheater.org or call (215) 348-1878 ext 115.

MAIL TO: County Theater, 106 E Butler Ave, Ambler, PA 19002

end-of-year gift to the County Theater.