

## BEHIND THE CURTAIN

Pledge Form

PERSONAL INFORMATION	
Full Name :	
Address :	
City/State :	ZIP :
Phone Number :	E-Mail :
GIFT AMOUNT AND METHOD	
One time gift in the amount of \$	payable now
Promise gift total of \$	payable over (circle) 1 year   2 years   3 years
Check enclosed (payable to Grand Rap	oids Civic Theatre)
Credit Card: (circle). VISA   Master Car	rd   Discover   American Express
CC Number	Exp/ CVC
Name on Card	Signature
Stock, securities, or planned giving do	cumentation attached. Current value \$
DONATION RECOGNITION	
Please recognize this donation in the	name of:
This is an anonymous gift; please do	not recognize me.
Please contact me to discuss naming	rights/opportunities at Grand Rapids Civic Theatre.
l'd like to receive Grand Rapids Civic	Theatre emails.
	9 30 DIVISION AVE N GRAND RAPIDS, MI 49503
Signature Date	<b>1</b> 616 222 6650
	# grct.org/curtain

Thank You FOR YOUR GENEROUS GIFT