Asheville Community Theatre

35 EAST WALNUT STREET ASHEVILLE NORTH CAROLINA 28801

Capital Campaign Pledge Form
A Space to Grow / A Permanent Home for Tanglewood

Donor Information

Name(s): _____

Address: _____
City: _____ State: _____ ZIP: _____
Phone: (H) _____ (W) _____
E-mail address: _____

I (we) pledge $_____to the Asheville Community Theatre Capital Campaign.

- The pledge is payable over ☐ 1 year ☐ 2 years ☐ 3 years
- The pledge will be paid ☐ annually or ☐ monthly. Please indicate the day/month you would like your payment to begin _____ (mm/dd/yyyy)
- Pledge payments will be by ☐ credit or debit card or by ☐ check

  Credit/debit card # _____ Expiration date_____ Security code _____

  ☐ My first check is enclosed.

Recognition

The names of Asheville Community Theatre Capital Campaign donors will be published. Please check the box if you wish to remain anonymous. ☐ I (we) wish to remain anonymous

Donations in Memory or in Honor of

This donation is made ☐ in memory of -- or -- ☐ in honor of _____

Please send a notification letter to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Donating Securities

A gift of appreciated stock is a winning proposition for you and Asheville Community Theatre. You secure considerable tax advantages for yourself and ACT receives the full value of the stock. In addition, if you are age 70 1/2 or older, you may transfer up to $100,000 from your traditional or Roth IRA to a qualified public charity such as Asheville Community Theatre. To make arrangements for your gift, please contact Susan Harper at (828) 254-1320 x 29.

Please Let Us Know:

☐ I am interested in adding ACT to my Will or estate for bequest. Please contact me.
☐ I have already included ACT in my Will or Estate Plan.

Signature(s)_____

Date_____