

# RAISE THE ROOF

ROCKY MOUNTAIN REPERTORY THEATRE

## DONATION / PLEDGE FORM

Print Name: \_\_\_\_\_ Date \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Email: \_\_\_\_\_

***I would like to donate to the "Raise the Roof" campaign:***

Initial Donation: \$ \_\_\_\_\_

Additional Pledge \$ \_\_\_\_\_ to be paid by March, 2023

Total Donation \$ \_\_\_\_\_

Please keep my donation confidential

I would like to learn more about the campaign:

\_\_\_ Please contact me for further discussions

\_\_\_ Please contact me about paying my pledge with stock.

\_\_\_ My company \_\_\_\_\_ will match my gift.

**Payment:** Make check payable to: RMRT Capital Campaign

Please use my Visa/MC # \_\_\_\_\_

Exp. \_\_\_\_\_ CVV \_\_\_\_\_

*We will invoice you for your additional pledge, unless you request otherwise.*