

Pledge Form

Especially in our new home, we will need your annual support

ANNUAL PLEDGE	CAPITAL PLEDGE	LEGACY GIVING
<input type="checkbox"/> Friend \$75 <input type="checkbox"/> Supporter \$150 <input type="checkbox"/> Advocate \$300 <input type="checkbox"/> Other \$ _____ DIRECTOR'S CIRCLE <input type="checkbox"/> Benefactor \$600 <input type="checkbox"/> Patron \$1,200 <input type="checkbox"/> Angel \$2,500 <input type="checkbox"/> Other \$ _____ PRODUCTION SPONSOR <input type="checkbox"/> Diamond \$5,000 <input type="checkbox"/> Sapphire \$8,000 <input type="checkbox"/> Ruby \$15,000 <input type="checkbox"/> Other \$ _____ Please pledge my gift as follows: <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____	NAMED GIFTS BUILDING RECOGNITION _____ \$100,000 _____ \$25,000 _____ \$50,000 _____ \$10,000 ADOPT-A-CHAIR <input type="checkbox"/> Premium <input type="checkbox"/> Priority _____ \$5,000 _____ \$2,500 <i>(Monthly payment will be for 50 months)</i> I would like to pledge my gift as follows: <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Bi-Annually <input type="checkbox"/> Other _____ <input type="checkbox"/> COMMUNITY GIFTS _____ \$1,000 _____ \$750 _____ \$500 _____ \$300 _____ \$100 _____ Other \$ _____	Make a lasting impact for generations to come with a gift of estate or to our newly established Endowment Fund thanks to Tod & Linda White. <input type="checkbox"/> I would also like to make an endowment gift of \$ _____ <input type="checkbox"/> Contact me about estate planning <input type="checkbox"/> I've already included Chance Theater in my estate planning! TOTAL PLEDGE ANNUAL GIFT \$ _____ CAPITAL GIFT \$ _____ ENDOWMENT GIFT \$ _____ TOTAL PLEDGE \$ _____ THANK YOU FOR GIVING OC THE CHANCE IT DESERVES!!

Payment Information

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____ E-mail: _____

Enclosed is my check made payable to: **Chance Theater** Visa Master Card American Express Discover

Card Number: _____ Expiration Date: ____/____/____ CCV: _____

By signing this form I agree to my gift: _____
(Signature & Date)

Recognition (Please recognize my gifts as follows)

Annual Fund: _____

Capital Fund: _____

NOTE: It is the policy of the theater to sell all securities and property when title has been transferred to the Chance. Chance is a 501(c)3 Non-Profit Organization. EIN 11-3679644

Mail form and payment to: P.O. BOX 3309, ORANGE, CA 92857

Or email: members@chancetheater.com **Or fax:** (714)777-3092

For questions or to donate by phone, call Erika C. Miller at (714) 970-0592