

★ INVESTING IN THE FUTURE OF THE ★
FLORIDA THEATRE

YOUR GIFT OF SUPPORT WILL ENABLE
US TO MAINTAIN THE HIGHEST QUALITY
IN OUR PROGRAMMING, REACH OUT TO
BROADER AUDIENCES AND PRESERVE
THIS MAGNIFICENT FACILITY
FOR ALL TO ENJOY.

THIS IS MY/OUR COMMITMENT TO THE
FLORIDA THEATRE CAPITAL CAMPAIGN

Name _____

Home Address _____

Business Address _____

Home Phone _____ Business Phone _____

Preferred mailing address: (check one) Home Business

Is this gift from you and your spouse? Yes No

If so, spouse's name: _____

I/we pledge to invest \$ _____ in the future of The Florida Theatre.

Please send me courtesy reminders for gifts of \$ _____ to be contributed:

annually semi-annually quarterly other

beginning _____ / _____ and ending _____ / _____
(mo) (yr) (mo) (yr)

(continued on back)

*My / our gift will be matched with \$ _____ from _____
(Matching Company Name)

bringing the total commitment to \$ _____

*Note: Your company may require that each subsequent pledge payment be accompanied by a completed matching gift form.

Please distribute each gift as follows:

Fund or Initiative	Amount:
<input type="checkbox"/> Wherever the need is greatest	\$ _____
<input type="checkbox"/> Preservation Fund	\$ _____
<input type="checkbox"/> General Endowment Fund	\$ _____
<input type="checkbox"/> Program Fund	\$ _____
<input type="checkbox"/> Other (describe) _____	\$ _____

I/we wish to make my/our pledge amount by (check one):

VISA Mastercard AMEX Discover Check enclosed

Please make checks payable to The Florida Theatre. Your gift is tax deductible as provided by law.

Credit Card No. _____

Expiration Date _____

Signature _____

Please send additional information about planned giving

I/we prefer this gift remain anonymous

Name/Company Name as it should appear for donor recognition:

Donor Signature _____ Date _____

Donor Signature _____ Date _____

FT Representative _____



**THANK YOU FOR YOUR VALUABLE
INVESTMENT IN THE FUTURE
OF THE FLORIDA THEATRE**

