

Pledge Form



Area Children's Theatre, Inc.

ACT's mission is to give regional children and youth, ages 8-19 a chance to participate in theatrical productions by either acting on stage, working the crew, or helping with other facets of theatre.

Donor Information (please print or type)

Name _____

Business Name _____

Billing address _____

City, ST, Zip Code _____

Phone 1 | Phone 2 _____

Email _____

Pledge Information

I (we) pledge a total of \$ _____ to be paid _____ (date)

Last Year's Donation Amount:

I (we) plan to make this contribution in the form of: cash check credit card other.

Credit card type | Exp. date _____

Credit card number _____

Authorized signature _____

Gift will be matched by (company/family/foundation) _____

Acknowledgement Information

Please use the following name(s) in all acknowledgements: _____

I (we) wish to have our gift remain anonymous.

Signature(s)

Date

Please make checks, corporate matches,
or other gifts payable to:

Area Children's Theatre, Inc.
P.O. Box 104
Warrenton, GA 30828