



PHASE 3
GIFT/PLEDGE FORM
Yellow Brick Wall Initiative
Community Theatre of Greensboro
Campaign
“There’s No Place Like Home”

Gift/Pledge: The cost of each brick is \$250.*

Name _____

Address _____

City / State / Zip _____

Email _____ Telephone (Day) _____ (Evening) _____

<p>In support of CTG’s Yellow Brick Wall Initiative,</p> <p>I/we pledge or give \$ _____, with \$ _____ paid herewith and the balance in ___quarterly, ___semi-annual, or ___ annual installments beginning (month) _____ (year) _____ for a pledge period of ____ years.</p> <p style="text-align: center;"><i>Distribution of Pledge</i></p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td style="text-align: center;">2016</td> <td style="text-align: center;">2017</td> <td style="text-align: center;">2018</td> </tr> </table>			\$ _____	\$ _____	\$ _____	2016	2017	2018
\$ _____	\$ _____	\$ _____						
2016	2017	2018						

___ Enclosed is my check payable to the *Community Theatre of Greensboro Campaign*.

___ Please charge \$ _____ to my ___ Visa ___ MasterCard ___ Discover ___ American Express.

Credit Card Number _____ Expiration ____/____ Security Code _____

Name and Billing Address (if different from above) _____

<p>Designing Your Brick(s)</p> <p><i>(Up to three lines, maximum of 25 characters per line)</i></p>	
Brick #1	Brick # 2
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**Please contact the office to learn about other naming opportunities, ranging from \$2,500 to \$600,000.*

Signature _____ **Date** _____

Community Theatre of Greensboro Campaign Office
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P: 336-333-7470, x207 • F: 336-333-2607 • campaign@ctgso.org • www.ctgso.org

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