



2009-2010 ANNUAL CAMPAIGN PLEDGE FORM

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____



DONATION LEVELS:

- ★ Starlet \$25-\$100
- ★ Rising Star \$101-\$250
- ★ Shining Star \$251-\$500
- ★ Shooting Star \$501-\$1500



SuperNova Donations (\$1500 and up):

Seat Plate \$1500 ★ Family Show Sponsorship \$1500 ★ Corporate Show Sponsorship \$3000

I WOULD LIKE TO DONATE NOW:

___ I have enclosed a check made out to Lexington Children's Theatre in the amount of \$_____.

___ I pledge to donate \$_____ online at www.lctonstage.org using the "Contribute to LCT" link.

___ I would like to donate \$_____ on my credit card.

___ Visa ___ MasterCard

Account Number _____ Expiration Date _____

Signature _____ Date _____

I PLAN TO SUPPORT LCT THIS YEAR:

___ I pledge to give \$_____. Please contact me in the month of _____ to donate.

___ I would like an invoice to be mailed

___ Quarterly ___ Bi-annually

in the amount of \$_____ (minimum \$500 a year).

___ I would like to give monthly from October to June via credit card. You have my permission to charge \$_____ to my credit card each month (minimum \$25 a month).

___ Visa ___ MasterCard

Account Number _____ Expiration Date _____

Signature _____ Date _____

Please fax or mail your completed form to:

Lexington Children's Theatre
418 W. Short Street
Lexington, Ky 40507

Attention: Maggie Morris, Development Director
Fax Number: 859-254-9512