



Capital Campaign Donation Form

RESCUE-RESTORE-REINVENT-REVITALIZE

DONOR INFORMATION

DATE _____

Name as you would like it to appear on donor recognition listings

Company (if applicable)

Contact (if different than above)

First Name _____ Last Name _____

Address _____ Zip _____

City _____ State _____

Home Phone _____ Mobile Phone _____

Email _____

Donation Information

I am proud to support the West Shore Theatre Capital Campaign in the amount of:

\$ _____ -

____ My donation is enclosed (Friends of the West Shore Theatre, Inc.)

____ This is a one-time donation

____ I will pay my donation over _____ Please bill me

____ 1 year ____ 2 Years ____ 3 Years ____ annually ____ quarterly ____ monthly

____ Named gift opportunity, I /we would like to discuss a naming opportunity

____ Check here if your employer has a matching gift program

Employer Name _____

CHARGE CARD

Signature _____

OVER!

CHARGE CARD INFORMATION

NAME AS IT APPEARS ON THE CARD

CARD NUMBER

EXPIRATION DATE

GIFT AMOUNT: _____

SECURITY CODE

ADDRESS IF DIFFERENT FROM PREVIOUS:

Street

Zip

City

State

Please return this form to Friends of the West Shore Theatre P.O. BOX 643, New Cumberland, PA 17070, EIN #82-5327951

For more information contact Ann Moffitt, ACFRE Director of Development at annmoffitt2620@gmail.com or 717-856-4428

_____ Please contact me/us with information about The Centre State Legacy Society.

The official registration and financial information of Friends of the West Shore Theatre, Inc. may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement. Gifts are deductible to the full extent of the law.
