

# BRIDGE TO THE FUTURE

*Sustaining Village Theatre*

## DONOR INFORMATION

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone Number(s): Home \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

## GIFT INFORMATION

Please recognize this gift as: \_\_\_\_\_

Recognize this gift as Anonymous

Bridge to the Future Total Pledge: \_\_\_\_\_

Pledge Payments: Please indicate the date when you intend to fulfill this pledge. Payments should equal the total pledge above.

Year 1 Gift: \$ \_\_\_\_\_ Date to Charge: \_\_\_\_\_

Year 2 Gift: \$ \_\_\_\_\_ Date to Charge: \_\_\_\_\_

Year 3 Gift: \$ \_\_\_\_\_ Date to Charge: \_\_\_\_\_

Matching Contributions:

Does your employer match donations? Yes  No

\_\_\_\_\_  
Employer Business Name

## PAYMENT INFORMATION

Please make checks payable to Village Theatre. For stock, please let us know when your gift has been transferred by contacting [giving@villagetheatre.org](mailto:giving@villagetheatre.org).

Check enclosed  Gift of Stock  Donor Advised Fund  \_\_\_\_\_  
Name of Donor Advised Fund

Visa  Mastercard  American Express

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing this form, you declare your intent to contribute to **Bridge to the Future** and pledge to make the contributions outlined above. Please return completed form to Village Theatre, PO Box 402, Issaquah, WA 98027 or to [giving@villagetheatre.org](mailto:giving@villagetheatre.org).