

The Campaign for the Sunset Theatre



In consideration of the gifts and pledges of others, I/we pledge to the Sunset Theatre Capital Campaign - Asheboro's Next Act a total gift of:

I/we wish to fulfill this commitment as follows:

- Payment in full
- Pledge to be paid in full within 36 months or by
(Date) _____
- Please send me a statement:
 - Annually Semiannually Quarterly Other
 - (Beginning)
 - March 31 June 30 Sept. 30 Dec.31
- This gift is eligible for a matching gift by:

Company Name (Please attach matching gift form)

Name _____

Address _____

City _____ State _____ Zip _____

Signature _____

Date _____

The amounts of gifts are treated confidentially and are never listed publicly. However, it is helpful to the success of the campaign to have donors listed by name. **If you object** to having your name listed as a contributor, please check here.

Please make checks payable to:

Sunset Theatre Capital Campaign
PO Box 3038 • Asheboro, NC 27204 • Phone 336-626-1240

Please see reverse side for important information.

The Campaign for the Sunset Theatre



This gift is in

Honor Of _____

Memory Of _____

Special Requests _____



Sunset Theatre Capital Campaign
PO Box 3038 • Asheboro, NC 27204
336-626-SHOW (1240) • www.SunsetTheatre.org