



CAPITAL CAMPAIGN PLEDGE FORM

Donor(s): _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Business Phone: _____

Cell Phone: _____

Email: _____

Terms of Pledge

Total Amount of Pledge: \$ _____

Pledge to be paid as follows:

I am support this campaign today with the gift of: \$ _____

Single year payment of pledge: \$ _____
Beginning on (date): _____

Multiple year payment of pledge: \$ _____
Beginning on (date): _____
To be paid over (yrs): _____

Please bill me

Annually Monthly Quarterly

Other: _____

Method of Payment(s)

Check payment to: **The Benson Theatre**

Please charge my:

Visa MC AmEx Discover

Credit Card No.: _____

Exp. Date: _____

Planned Gifts and Stocks:

Please contact The Benson Theatre for more information.

Other:

My/Our gift will be matched by: _____

Matching gift enclosed

Matching gift form will be sent

Public recognition

The Benson Theatre may publicly acknowledge my commitment Yes No

This gift commitment is made in honor/ memory of: _____

Please send notification of my honorary/ memorial girl to:

Name: _____

Address: _____

City, State, Zip: _____

Special instructions: _____

Thank you for your charitable contribution

6054 Maple Street, Omaha, NE 68104 • bensontheatre.org • The Benson Theatre is a 501 (c)(3) not-for-profit organization - federal tax identification number 90-0551525. Donations are tax-deductable to the extent allowed by law.