

PLEASE PRINT, COMPLETE AND MAIL THIS PLEDGE FORM.

Company Name _____
(As you wish it to appear in playbills)

Company Address _____

Your Name _____

Your Title _____

Phone _____ Other _____

Email Address _____

Pledge Amount \$ _____

All pledges must be paid in full by December 31, 2014

Please choose your membership level and your method of payment:

PLAYWRIGHT \$1000 - \$2000

LEADING ROLE \$500 - \$999

SUPPORTING ROLE \$499 and Under

Charge my credit card:

Full Amount

4 Payments monthly

2 Payments monthly

Other _____

Circle One: MC VISA AMEX DISC

Name on Card _____ Expiration _____

Bill Me:

Full Amount

4 Payments monthly

2 Payments monthly

Other _____

Check Enclosed:

Check Amount \$ _____

Please make checks payable to **Capital Repertory Theatre**

Mail to:

Capital Repertory Theatre

Administration - Corporate Relations

(518) 382-3884 x 195

432 State Street

Schenectady, NY 12305

❖ *Thank you! All support is deeply appreciated.* ❖