Capitol Theatre Center
Endowment Pledge Form

Yes, I/We want to support the Capitol Theatre Center,
by providing funds to support the Capitol Theatre Center Endowment. Please make
Checks Payable to: Capitol Theatre Center Foundation and
Mail to: Capitol Theatre Center 159 S. Main Street Chambersburg, PA 17201

DONOR: _____

In Support of the Capitol Theatre Center Foundation, subscribe the total sum of:

$_____over the next (number) _____ calendar years (20__ - 20__)

( ) Semi-Annually ( ) Annually ( ) other _____

The first payment of $_____ will be made _____ (month/year)

Contribution payments will be made with:

( ) Cash ( ) Stock, Bonds, Securities ( ) Planned Gift ( ) Real Estate ( ) Other Valuables

Credit Card: MC Visa Discover _____ ___/___/___
Credit Card Number Exp Date

By signing below, you give permission for the Capitol Theatre to use your name or business name on our donor board and in other printed material.

_____ _____
Signature of Donor Signature of Spouse (if applicable

_____ _____
Date Date

_____
Street or Mailing Address

_____
City, State & Zip Code

(_____)_____
Phone

_____ I would like to have Pledge Reminders sent.

_____
E-Mail

Thank you for helping to preserve this cherished community treasure for future generations.

Capitol Theatre Center 159 S. Main Street Chambersburg, PA 17201 (717) 263-0202