

Aberdeen Community Theatre FESTIVAL ENDOWMENT Statement of Intent

I (We) intend to contribute - personal, business and economic conditions permitting - a total of

\$ _____ to the ACT Festival Endowment as follows:

\$ _____ in _____ month/year \$ _____ in _____ month/year \$ _____ in _____ month/year

Payment Frequency: () Annual () Semi-Annual () Quarterly

First payment to be made on or about and bill me : _____

I (we) would like to be recognized as follows:

Please Print:

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Email _____

SIGNED _____

DATE _____

Make checks payable to ACT (Aberdeen Community Theatre)
Gifts are tax deductible as provided by law.

Aberdeen Community Theatre
415 S. Main St. * PO Box 813
Aberdeen SD 57402-0813
(605)225-2228 act@nvc.net
AberdeenCommunityTheatre.com

