



## CAPITOL THEATRE IMPROVEMENT CAMPAIGN STATEMENT OF INTENT

I (We) intend to contribute - personal, business and economic conditions permitting  
a total of \$ \_\_\_\_\_ to the Capitol Theatre Improvement Campaign as follows:

\_\_\_ Enclosed

\_\_\_ Bill me on \_\_\_/\_\_\_/\_\_\_

\_\_\_ I would like to pay in four installments as follows: \$ \_\_\_\_\_ on \_\_\_/\_\_\_/\_\_\_

\$ \_\_\_\_\_ on \_\_\_/\_\_\_/\_\_\_

\$ \_\_\_\_\_ on \_\_\_/\_\_\_/\_\_\_

\$ \_\_\_\_\_ on \_\_\_/\_\_\_/\_\_\_

Please write checks to ACT, drop off or mail to 417 S Main St. Aberdeen, SD 57401

Please charge my credit card based on my choices from above

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_/\_\_\_

CVV: \_\_\_\_\_

Contributor (please print):

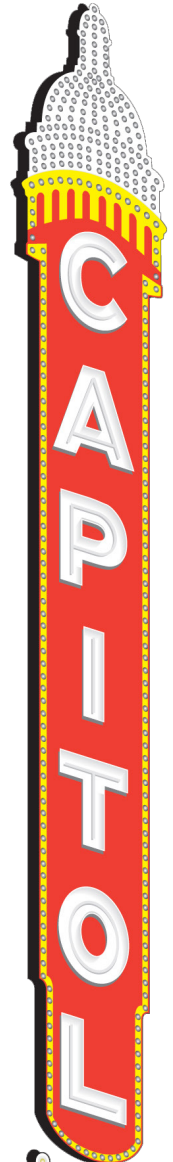
Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

SIGN: \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_



Gifts are tax deductible as provided by law.  
**ABERDEEN COMMUNITY THEATRE (ACT)**

Office: 417 S Main St, Aberdeen, SD 57401

Theatre: 415 S Main St, Aberdeen, SD 57401

PO Box 813, Aberdeen, SD 57402-0813

605-225-2228 act@nvc.net

AberdeenCommunityTheatre.com

