

RESTORE ♦ REBUILD ♦ REDEDICATE

The Weathervane Theatre

P.O. BOX 127, 389 LANCASTER ROAD, WHITEFIELD, NH 03598

Capital Gift and Pledge Form

PLEASE PRINT

Name: _____

Address: _____

Phone: _____ Email: _____

Capital Gift / R ♦ R ♦ R (please indicate **total** amount of gift): \$ _____

CHECK ALL THAT APPLY

My/our capital fund gift is enclosed

I/we will send a stock gift

Gift of \$1500 or more may be pledged over 2 or 3 years: Indicate your installments :

Month/Year _____ \$ _____ Month/Year _____ \$ _____ Month/Year _____ \$ _____

Use credit card: Visa /MC ONLY card # _____ 3-digit _____ exp. date _____

Donor Signature: _____ Date: _____

Acknowledgment

CHOOSE

This gift is made in memory of: _____

Please list my/our name on donor lists as: _____

Please do not list my/our name. I/we prefer our gift remains anonymous.

For Naming Opportunity Gifts, Stock Gifts, or Legacy pledge, please contact us

info@weathervanetheatre.org

**Thank you for your generosity to the permanent home at the Weathervane Theatre,
your contribution to this effort is greatly appreciated.**

An acknowledgment will be mailed to the address shown, also to be used for tax receipt.