



Membership Pledge

Yes, I wish to support Riverside Theatre with a contribution of \$ _____ to the Annual Membership Fund.

Benefactor Producers' Circle Director Star Associate

In addition, I'd like to contribute an extra \$ _____ to Friendly Acts to provide Theatre tickets to deserving Indian River County residents who cannot afford to purchase them.

Total amount: \$ _____ Check enclosed Bill my credit card (Visa or Mastercard) Gift

of Stock from _____

I would like to pledge my gift (payment in full by December 31st)

Matching funds may be used to enhance your total contribution. Matching funds available

from: _____

Name/Corporation _____

(As you would like to have it appear in all Riverside Theatre production playbills)

Address _____

Home phone () _____

City/State/Zip _____

Work Phone () _____

E-Mail _____

Credit Card — Please charge \$ _____ to my: VISA Mastercard

Card No. _____ Exp. Date _____

Signature _____

Riverside Theatre Pledge Policy: Riverside Theatre gladly accepts pledges for Membership gifts. All pledges must be paid in full by December 31st.

Riverside Theatre
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