The State Theatre

On With The Show!
Pledge Form

_____ is/are pleased to make a commitment

Name(s) (as should appear in printed materials)

of $ _____ to State Theatre, Inc.

☐ Enclosed is a check for $ _____ made payable to State Theatre, Inc.

☐ Please charge my: ☐ Visa ☐ ☐ Mastercard ☐ ☐ American Express ☐

_____ _____ _____

Name on credit card | Card Number | Expiration Date

It is my intention to satisfy this commitment according to the following:

Year of Payment	Scheduled Payment
Nov. 1st, 2007 - Oct. 31st, 2008	$ _____
Nov. 1st, 2008 - Oct. 31st, 2009	$ _____
Nov. 1st, 2009 - Oct. 31st, 2010	$ _____

I prefer to make payments:

___ annually in the month of _____

___ bi-anually beginning _____

___ quarterly

This pledge is intended to reflect my personal commitment and investment in the mission of State Theatre, Inc. If I intend to apply matching gifts to this pledge, I understand that I must complete the form on the reverse side.

The pledge shall be governed by the laws of the Commonwealth of Pennsylvania.

I sign this pledge with the intent to be legally bound. If I am executing this pledge with my spouse, I understand that we are each separately obligated to fulfill this commitment. In the event that I, and if I am executing this with my spouse, my spouse should die prior to the time this pledge is fully paid, I direct that my personal representative satisfy this pledge as a debt of my estate.

_____ _____

Signature | Date

_____ _____

Signature | Date

Please initial as appropriate: ___ I agree that State Theatre may publicize this gift

___ I wish the terms of my gift to remain anonymous

PLEASE READ AND COMPLETE THE REVERSE SIDE.

PLEASE COMPLETE

Thank you for your pledge. You will receive an acknowledgement of your commitment and annual reminders of the outstanding balance due.

Acknowledgement Address:

Please send acknowledgement and reminders to this name and address:

Name(s) Please Print

Street

City, State, Zip

Phone

email

Matching Gifts:

Company

Employee's Name

Anticipated Annual Match

In order for us to process your matching gift, you must complete and submit your company's gift matching form along with your pledge payment to: State Theatre, 130 West College Ave, State College, PA 16801.

Director of Development

Date

☐ In addition to any gift or pledge I would also like to Leave a Legacy to the State Theatre through a planned gift. Please contact me about this.

Thank you for your generosity!

State Theatre, Inc. is a 501(c)(3) nonprofit organization. Your gift is tax deductible to the extent allowed by the law. The official registration and financial information of State Theatre Inc. may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania, 1-800-7732-0999. Registration does not imply endorsement.

PLEASE RETURN SIGNED ORIGINAL TO: CAROL FALKE, DIRECTOR OF DEVELOPMENT

State Theatre, Inc | 130 West College Ave | State College, Pennsylvania 16801

carol@thestatetheatre.org | (814) 272-0606 x.314 | (814) 272-0607 fax