



YES, I AM A STAR! I/we will support the LTW Capital Campaign!

MY TOTAL PLEDGE: \$ _____

Pick your plan: **ONE PAYMENT** of \$ _____ on or before ____/____/____
 MONTHLY \$ _____ /month starting ____/____/____
 QUARTERLY \$ _____ /quarter starting ____/____/____
 ANNUALLY \$ _____ /year starting ____/____/____
DATE

Please contact me about my pledge via: PHONE EMAIL MAIL

I WOULD LIKE TO PAY BY CHECK

PLEASE MAKE CHECK PAYABLE TO: **Live Theatre Workshop**
MAIL TO: **5317 E Speedway Blvd, Tucson, AZ 85712**

I WOULD LIKE TO PAY BY CREDIT CARD **CONTACT ME FOR PAYMENT DETAILS LATER**

Mastercard Visa American Express Discover

C.C.#: _____ Exp: _____ CVC Code: _____

SIGNATURE (DONOR) _____ DATE _____

I understand this gift is not part of the annual giving, and that regular gifts are critical to the health of LTW. Therefore, I/we commit to a gift to LTW of at least \$ _____ during the Campaign.

I am interested in making a gift to the campaign in my will.

DONOR INFORMATION

NAME(S) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE _____ EMAIL ADDRESS _____

I want our gift to be: ANONYMOUS
 FOR THIS NAMING OPPORTUNITY _____
 ACKNOWLEDGE AS _____
 IN HONOR/MEMORY OF _____

 _____
SIGNATURE