

# TIBBITS OPERA HOUSE RESTORATION AND ENDOWMENT CAMPAIGN

## Donor Information

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

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

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

Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Donor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Tibbits accepts gifts by cash, check, credit card, stocks, and real estate as approved by the Board of Directors. For more information please call 517-278-6029.

Please make check payable to:

***Tibbits Opera Foundation and Arts Council Inc.***

14 South Hanchett Street

Coldwater, MI 49036

Tel 517-278-6029

Fax 517-279-7594

E-mail [tibbitsoperahouse@tibbits.org](mailto:tibbitsoperahouse@tibbits.org)

## Pledge Information

I/we pledge to the Restoration and Endowment Campaign in the amount of \$ \_\_\_\_\_

Pledge payments may be made over as many as five years.

\_\_\_\_ I/we intend to complete this pledge with the enclosed payment.

\_\_\_\_ I/we intend to complete this pledge over \_\_\_\_\_ years.

\_\_\_\_ I/we wish to defer our first payment until \_\_\_\_\_

Please include a pledge payment schedule below:

\$ \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

\$ \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

\$ \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

\$ \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

\$ \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Total Pledge \$ \_\_\_\_\_ Paid \$ \_\_\_\_\_ Balance \$ \_\_\_\_\_

\_\_\_\_ My employer will match my gift.

*Thank you for your support!*

## Recognition Options

Gifts will receive formal recognition within Tibbits Opera House.

I/we wish to have my gift publicly acknowledged. \_\_\_\_\_ Yes \_\_\_\_\_ No

I/we wish to receive recognition with Tibbits Opera House. \_\_\_\_\_ Yes \_\_\_\_\_ No

I/we would like our name(s) to be listed as:

\_\_\_\_\_

I/we wish to dedicate this gift in memory of:

\_\_\_\_\_

I/we wish to dedicate this gift in honor of:

\_\_\_\_\_