



Pledge Form

Name (as you wish it to appear on donor lists)

Business

Address

City, ST Zip

Phone number

Email

In consideration of the plans and needs of Unicorn Theatre's ongoing expenses, I/we _____ (the Donor) hereby pledge a total gift of \$ _____. This pledge is payable over _____ (max. 3) years beginning in 20__ in accordance with the payment schedule outlined below. It is, therefore, recommended that the Unicorn Theatre accept this pledge and that a gift be noted on the records of the Unicorn Theatre to be administered under the following terms and conditions.

I/We wish to make pledge payments as follows:

Operating Gift

Pledge payments of \$ _____

Per _____
(month, quarter, year)

For the following years

_____ 20__
_____ 20__
_____ 20__

Beginning _____ (month/year)

My check for 2009 is enclosed and made payable to **Unicorn Theatre**.

Please send me pledge reminders: annually quarterly monthly

Please charge a total of \$_____ to my credit card today.

Please bill my credit card \$_____ on the _____ of each month/quarter/year
for _____ months/years.

Example: Please bill my credit card \$50 on the 15th of each month for 12 months.

MasterCard Visa Discover American Express

Account _____ Exp. _____

Name on card _____

Signature _____

My/my spouse's employer will match my gift. My matching form is enclosed.

In recognition of this gift, the Unicorn Theatre will publicize this gift, along with others to this project, as appropriate in the area and Unicorn Theatre publications. In the hope that this gift will inspire others to support the Unicorn Theatre, the Donor gives his/her permission for Unicorn Theatre to publicize this gift and to use his/her name in the annual donor lists and other Unicorn Theatre related publications. In all such publications and lists, the donor's name will be listed as the name to be used for recognition purposes.

Please check here if you wish to remain anonymous.

Unicorn Theatre shall provide the Donor with an annual report on the status of the pledge.

Donor or Company (signature)

Cynthia Levin
Producing Artistic Director

Date

Date

Please print and mail to:
Unicorn Theatre c/o Development
3828 Main St.
Kansas City, MO 64111