



2024 Donor Information

CONTACT INFORMATION

Name(s) _____
 (As you would like it to appear in print)

Address _____

City _____ State _____ Zip _____

Preferred Phone (_____) _____ Alternate Phone (_____) _____

Email _____

BRAVO SOCIETY

A 5-year commitment of \$1,000 or more per year.

Benefits include: Advance seat reservations, playbill listing, invitation to all donor receptions and reserved parking.

- Bravo Society Platinum: \$10,000 per year for 5 years
- Bravo Society Gold: \$5,000 per year for 5 years
- Bravo Society Silver: \$2,500 per year for 5 years
- Bravo Society Bronze: \$1,000 per year for 5 years

Current Bravo Society Members

- ___ I would like to renew or extend my pledge to maintain my five year Bravo Society commitment.
- ___ I would like to increase my pledge to \$_____ per year.
- ___ I would like to extend my pledge for _____ more years.
- ___ I would like to make a payment on my pledge today (please see reverse)

MULTI-YEAR DONOR

Benefits for multi-year donors of \$100 or more include: Advance seat reservations, playbill listing and invitation to some donor receptions (\$100-499) OR invitation to all donor receptions (\$500+).

I/We would like to make a pledge of \$_____ per year for five years.

Current Multi-Year Donors

- ___ I would like to renew or extend my existing pledge to maintain my five year Multi-Year Donor commitment.
- ___ I would like to increase my pledge to \$_____ per year.
- ___ I would like to extend my existing pledge for _____ more years.
- ___ I would like to make a payment on my pledge today. (please see reverse)

ONE-TIME GIFT

\$2,500 \$1,000 \$500 \$100 \$50 \$25 Other: _____ (please see reverse)

DONOR SIGNATURE _____ **DATE** _____

PAYMENT OPTIONS

(1) CASH OR CHECK

Cash or Check enclosed

(2) CREDIT CARD

Please charge my: VISA MASTERCARD AMEX DISCOVER

AMOUNT \$ _____ CREDIT CARD # _____

EXPIRATION DATE: MONTH _____ YEAR _____ CVV CODE _____ (BACK OF CARD)

NAME AS IT APPEARS ON THE CARD _____

SIGNATURE _____

BILLING ADDRESS IF DIFFERENT FROM REVERSE SIDE _____

(3) FOR PLEDGES

My initial pledge is enclosed

I would like to make payments (please circle one)

ANNUALLY

QUARTERLY

MONTHLY (by bank draft only-see section (3a))

Please bill my initial pledge payment to my credit card (complete credit card information above)

(3a) MONTHLY BANK DRAFT INFORMATION | *Auto withdrawals begin in September 2024.*

*I hereby authorize **Topeka Civic Theatre and Academy**, hereinafter called TCTA, to initiate debit entries to my account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same from such account.*

I acknowledge that the origin nation of ACH transactions to my account must comply with the provision of U.S. law.

Company or Individual Name _____

Street Address _____

City/State/Zip _____

Phone _____ Email _____

ACCOUNT INFORMATION

Bank Name _____

Account Type: Checking Savings

Account Number _____ Bank Routing Number _____

Please include a voided check or deposit slip along with the completed form.)

Authorized amount to withdraw each month \$ _____

This authorization is to remain in full force and effect until my pledge is paid in full or until TCTA has received written notification from me of its termination in such time and in such manner as to afford TCTA and DEPOSITORY a reasonable opportunity to act on it.

(4) COMPANY MATCH Many companies will match employee and retiree charitable contributions.

Company name _____

At your earliest convenience, please provide TCTA with a completed match form or submit online.

THANK YOU for your support of Topeka Civic Theatre & Academy!