

## *Support Theatre Charlotte*

### *Contact Information*

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

### *Gift Information*

I would like to make a tax-deductible contribution in the amount of: \$ \_\_\_\_\_

Please list me in playbills, lobby signage, and on the website as: (*generally first and last name—eg Jane and John Smith*)

\_\_\_\_\_

### *Planned Giving*

*Help to ensure that Theatre Charlotte will be creating outstanding theatre opportunities for many years to come!*

- I have included Theatre Charlotte in my will and would like to be recognized as a member of the legacy society.
- I have included Theatre Charlotte in my will but would like to remain anonymous.
- I would like to receive more information about including Theatre Charlotte in my planned giving.
- I would like to set up an appointment to discuss planned giving opportunities, please contact me.

### *Method of Payment*

Visa    MasterCard    American Express    Check (*payable to Theatre Charlotte*)

Credit Card Number \_\_\_\_\_

Exp Date \_\_\_\_\_ V. Code \_\_\_\_\_

**Please mail checks along with this form to:**

Theatre Charlotte  
501 Queens Road  
Charlotte, NC 28207

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*Tell us what you think the Ghost of Theatre Charlotte Future would reveal...*

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