



The Glove Theatre Winter Capital Campaign

Your Information:

Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

I prefer my gift remains anonymous. (If you check this box your name will not appear in any donor recognition)

Ways to Give:

I am honored to support The Glove Theatre's mission with a gift of: _____

One-time gift

This is a pledge to be paid over _____ years (5-year max)

Payment Schedule (circle one): Monthly / Quarterly / Semi-Annually / Annually

Please automatically charge my credit card in accordance with the above schedule.

Please send me pledge reminders in accordance with the above schedule.

My gift is in honor of/memory of _____

Signature (required for all pledges): _____

Payment:

I would like to make my outright gift, or first pledge payment, via: Check Credit Card

Please make checks payable to The Glove Theatre Corporation.

Please charge \$ _____ on my credit card: Visa Mastercard AMEX Discover

Card Number: _____ Expiration Date: _____ Code: _____

Name on Card: _____ Signature: _____

THANK YOU for your investment in our community and your local theater!

Please return this form to The Glove Theatre, P.O Box 566, Gloversville, New York 12078

Questions? E-mail us at theglovetheatre@gmail.com or call 518-669-2305

The Glove Theatre is a 501(c)3 organization. Our Federal Tax ID number is 141787734.

Gifts are tax-deductible to the extent of the law.