



Education. Empowerment. Enjoyment.

ANNUAL CAMPAIGN PLEDGE FORM

Thank you for your support of Act Two. Our **families** are the heart and soul of Act Two.

I, _____, pledge the following amount(s) to the Act Two Performing Arts 2009 - 2010 Annual Campaign.
Please Print Name Legibly

Preferred Mailing Address: _____

_____ Check enclosed in the amount of \$_____.

_____ Please charge \$_____ to my credit card (fill in the information below).

_____ I authorize Act Two to charge my credit card monthly, the following amounts:

_____ \$10 per month

_____ \$25 per month

_____ \$50 per month

Please begin monthly charges in _____, 2009 and continue each month through and including _____, 2010. I authorize Act Two to charge my credit card on the:

_____ 10th day of each month

_____ 25th day of each month

(or the next regular business day, including Saturday, following the selected day).

Credit Card Type: VISA MASTERCARD DISCOVER

Account Number: _____ Expiration Date: _____

I hereby authorize Act Two Performing Arts to charge my credit card as directed above.

Signature: _____ Date: _____