



IT'S CENTRAL TO OUR FUTURE

YES! I/We want to support Central City Opera's "Voice Your Dreams" Campaign!

NAME(S)

ADDRESS

CITY

ST

ZIP

E-MAIL

PHONE

CONTRIBUTION DETAILS

I/We hereby confirm my/our intent to give the sum of \$_____ to Central City Opera over the next _____ calendar years beginning 20____, the terms of the contribution payable according to the schedule below:

- Cash (credit card, check, or bank draft)
- Stock, Bonds or Securities
- Planned Gift
- Other

Please make all payments to Central City Opera House Association

YEAR 1	\$ _____	Campaign Pledge Payment #1 by (month/year)	_____
YEAR 2	\$ _____	Campaign Pledge Payment #2 by (month/year)	_____
YEAR 3	\$ _____	Campaign Pledge Payment #3 by (month/year)	_____
YEAR 4	\$ _____	Campaign Pledge Payment #4 by (month/year)	_____
YEAR 5	\$ _____	Campaign Pledge Payment #5 by (month/year)	_____

Preferred method of payment is:

- Monthly Quarterly Semi-Annual Annual Other

MATCHING GIFT

My company has a matching gift program: YES NO

My company name is: _____

Please contact your HR department for internal documents to request funds.

Thank you for your support of CCO's "Voice Your Dreams" Campaign!

Please return your completed form to Central City Opera