



1 Donor Information (PLEASE PRINT CLEARLY)

LAST NAME FIRST NAME

LAST NAME (2ND PERSON) FIRST NAME (2ND PERSON)

STREET ADDRESS

CITY STATE ZIP

EMAIL TELEPHONE

4 Recognition

I/WE PREFER TO
REMAIN ANONYMOUS

NAME(S) AS YOU WISH TO BE RECOGNIZED

NAME(S) AS YOU WISH TO BE RECOGNIZED

2 Total Gift:

\$ _____
MY TOTAL GIFT

3 Gift Timing or Pledge

- This is a one time gift.
 I wish to make a gift pledge as follows:

\$ _____
ENCLOSED INITIAL GIFT

I will pay the remainder over:

- 1 YR 3 YRS 5 YRS Other _____

Payments will begin on month / year and will be made

- MONTHLY QUARTERLY ANNUALLY

5 Payment

- Check.** Enclosed is my gift of \$_____ (checks payable to **Ambler Theater, Inc.**)
 Credit. Please charge \$_____ to my VISA MasterCard Discover AMEX

Online gifts can be made at AmblerTheater.org/donate

NAME ON CREDIT CARD (PLEASE PRINT CLEARLY)

ACCOUNT NUMBER EXPIRATION DATE CVV

SIGNATURE

Stocks/Wire Transfers/Other.

Please contact our office for details: gifts@amblertheater.org (215) 348-1878 ext 115

IRA Distributions: Are you 72 or older and taking a Required Minimum Distribution from your IRA? Consider this tax-free option when making an end-of-year gift to the Ambler Theater.

Contact us if you wish to discuss your gift or pledge. Email at gifts@amblertheater.org or call (215) 348-1878 ext 115.

MAIL TO: Ambler Theater, 106 E Butler Ave, Ambler, PA 19002