



INTERNAL USE ONLY #: \_\_\_\_\_

- GEN      OR       CC
- FILEMAKER
- 1st PAYMENT
- TAX ACK

# CIRCLE OF SUPPORT

## ANNUAL GIVING PROGRAM

### SECTION A: BASIC INFORMATION

Name(s): \_\_\_\_\_

Name(s) to appear on all public recognition: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### SECTION B: AMOUNT OF GIFT

**I/we agree to support The Sofia Annual Giving Program with:**

A Monthly Pledge\*:

- \$25
- \$50
- \$100
- \$500
- \$1,000
- OTHER \_\_\_\_\_

A One-Time Donation:

- \$100
- \$500
- \$1,000
- \$2,500
- \$5,000
- Other \_\_\_\_\_

\*Pledge payments will be automatically scheduled. To cancel pledge payments, please contact the theatre at 916-443-5391

## SECTION C: PAYMENT METHOD

Please select ONE method/schedule of payment for your gift below.

- Credit Card
- Direct Deposit (Please provide a voided check)
- Check
- Stock Transfer
- Other (please specify): \_\_\_\_\_

If paying by credit card, please complete section below:

Card type (please circle one):    Visa            MC            AmEx

Card number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

If paying by stock transfer:

Stock Name: \_\_\_\_\_ # of Shares (if known): \_\_\_\_\_

## SECTION D: BENEFITS

- I choose to opt out of all benefits with a financial value (including subscriptions, comp tickets, invitations)

## SECTION F: MANDATORY SIGNATURE

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_