



PLEDGE FORM

To confirm your support, this letter of intent expresses a plan for financial support of our capital program. It shall not be legally binding, for personal business or estate purposes, but the Marshall County Community Foundation (MCCF) on behalf of The REES Theatre, may be assured that every effort will be made to fulfill the intention of this gift. It is understood that gifts made to this program and to the MCCF are deductible to the full amount allowable under the Internal Revenue Service regulations. No goods or services were provided by the organization in exchange for the contribution. **Please make your generous contribution to the "Marshall County Community Foundation – REES Theatre Fund" and mail to 2680 Miller Dr. #120 Plymouth, IN 46563.**

I intend to contribute the sum of \$ _____ to "The REES Theatre" capital program fund.

- This is an unrestricted gift.
- I expect to make this gift in _____ cash/check or _____ securities of \$ _____ in installments of (check one): _____ monthly _____ quarterly or _____ annual (select number of years: _____ one, _____ or two, _____ years).
Beginning in _____ month of _____ year.
- I would like to receive reminders about this gift (check one) _____ monthly _____ quarterly _____ semi-annually or _____ annually.
- I wish to be recognized as a supporter of "The REES Theatre" as follows:
Name: _____
- Or list my/our gift as follows:
 - In Memory of: _____
 - In Honor of: _____
 - The Bob Pickell Performing Arts Stage
- I/We wish to remain anonymous in making our gift.
- Please check here if a payment is enclosed and please provide the amount: \$ _____

Very truly yours,

Signature: _____ Date: _____

Name: _____

Address City, State, Zip Code: _____

Phone: _____ Email: _____

Questions about giving? Contact Randy Danielson, Co-chair
reestheatre@gmail.com or 574.286.2391