

OREGON **BALLET** THEATRE

KEVIN IRVING / ARTISTIC DIRECTOR

Contribution Form

Name: _____ Account Number: _____

Address: _____

Phone: _____ E-mail: _____

Name(s) for print recognition: _____

I would like to make a contribution to Oregon Ballet Theatre in the amount of: _____

Your unrestricted gift will be used where it is most needed.

Date when gift will be paid in full: _____

I will pay by:

___ Check

___ Stock Transfer

___ Credit Card

- Please charge my card in full for the pledge amount.*
- I would like to make monthly payments on my pledge. Please charge my card automatically on the 1st or 15th (circle one) day of each month.*
- I would like to make quarterly payments on my pledge. Please charge my card automatically in the following months: _____*

Card No: _____ Exp: _____ CVV: _____

Signature: _____ Date: _____

Thank you for your generosity and support of OBT!