



IVORYTON PLAYHOUSE

Act II: A New Creative Space Campaign Commitment Form

Thank you for supporting the Act II Campaign. Your generosity helps Ivoryton Playhouse build upon its history and continue strengthening the organization for the future.

Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

OUR GIFT:

I/We are pleased to support the Act II Campaign with a total commitment of \$ _____, to be fulfilled as follows:

☐ One-time gift to be fulfilled by: _____

☐ Annual installments:
2025: \$ _____ 2026: \$ _____ 2027: \$ _____

☐ My/Our gift will be matched by _____ (matching gift company/foundation).
Please contact your human resources department for the required paperwork and include it with your gift.

Acknowledgment:

☐ Recognition of this gift should read (i.e. The Smith Family, Mr. and Ms. John Smith):

☐ In Memory of _____

☐ I/We wish to remain anonymous.

Payment Method:

☐ Check (payable to Ivoryton Playhouse, Memo: Act II)

☐ Credit Card

☐ MasterCard

☐ Visa

☐ AMEX

☐ Discover

Card #: _____ Exp: _____ CVV: _____

☐ Please provide me with a Donor Advised Fund/Foundation Contribution Intention Form.

☐ Please send me instructions for making a gift of Stock/Securities.

☐ Please send information about including Ivoryton Playhouse in my will or estate plans.

SIGNATURE:

Name: _____ Date: _____

Name: _____ Date: _____

Kindly return this form to:

Ivoryton Playhouse, P.O. Box 458, Ivoryton, CT 06442