



# GRETNA THEATRE

80th Anniversary Season 1927-2007

## Resort to Gretna!

Gretna Theatre  
P.O. Box 578  
Mt. Gretna, PA 17064  
Office: 717-964-3322  
Fax: 717-964-2189  
www.gretnatheatre.com

### Donation/Pledge Form

Last Name (print): \_\_\_\_\_ First Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Numbers: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Name as you wish it to appear in our season programs\*: \_\_\_\_\_

\*Please Note: Pledge payments must be received by April 30<sup>th</sup> of each year for recognition in that upcoming season's program.

I want my gift to be anonymous

### Donation/Pledge Amount and Type

**One-Time Cash Donation:** \$ \_\_\_\_\_ to be paid on \_\_\_\_\_ - or -

**Monthly/Quarterly/Yearly Gift** (Please fill out only one choice below. Your signature below is required for your pledge.)

1. I wish to contribute \$ \_\_\_\_\_ per Month / Quarter / Year beginning on \_\_\_\_\_ through \_\_\_\_\_  
(Circle one above) (Date) (Date)

for a total gift of \$ \_\_\_\_\_.

(Total Amt.)

2. I wish to contribute \$ \_\_\_\_\_ per Month/Quarter/Year (circle one), until revoked in writing.

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

### Payment

*Gretna Theatre will invoice you for your pledge as per your terms above or you may donate now by filling out the information below.*

Enclosed is my check payable to "Gretna Theatre" for \$ \_\_\_\_\_ - or -

Charge my Credit Card in the amount of: \$ \_\_\_\_\_

Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature \_\_\_\_\_

**Please send this completed form to:**

Gretna Theatre, P.O. Box 578, Mt. Gretna, PA 17064-0578

Phone: 717-964-3322 Fax: 717-964-2189 E-mail: larryfrenock@gretnatheatre.com

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*Registration does not imply endorsement.*