



GIFT INTENT FORM

I/WE INTEND TO MAKE A GIFT OF \$_____ IN SUPPORT OF THE CAMPAIGN FOR THE LEGACY THEATRE. My/our gift will be paid on the following schedule:

FY 2019 \$_____

FY 2020 \$_____

FY 2021 \$_____

FY 2022 \$_____

FY 2023 \$_____

TOTAL PLEDGE \$_____

Name: _____

Address: _____

Phone: _____ Email: _____

___ I work for a matching gift company. Company name _____

___ I wish to remain anonymous.

Please list my/our names on donor reports as: _____

I WOULD LIKE TO BE REMINDED TO MAKE MY PLEDGE PAYMENT: ___ Annually ___ Semi-annually
___ Quarterly

Payment information:

___ A check is enclosed for \$_____ representing the 1st pledge payment. Please make check payable to "Legacy Theatre".

Please charge \$_____ to my credit card:

Name on Card: _____

Card# _____ Expiration: _____ CSC: _____

Signature: _____ Date: _____

Please return to:

Keely Baisden Knudsen, Artistic Director
The Legacy Theatre
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Branford, CT 06405
(203) 208-5504
www.LegacyTheatreCT.org