

Facility of the Stars

★ PLEDGE CARD

Name/Business/Service Organization: _____

Contact Name (if different than above): _____

Address: _____ City/Prov.: _____ P/C: _____

Phone: _____ Email Address: _____

Please indicate how you would like to contribute:

Diamond Star - \$100,000 or more

Donation Amount: \$ _____

One-time pledge

Multi-year: \$ _____ x _____ years*

Star Light - \$1,000 - \$2,499

Donation Amount: \$ _____

One-time pledge

Multi-year: \$ _____ x _____ years*

Platinum Star - \$50,000 - \$99,999

Donation Amount: \$ _____

One-time pledge

Multi-year: \$ _____ x _____ years*

Theatre Seat Sale: \$1,000 each

Number of Seats: _____

Donation Amount: \$ _____

One-time pledge

Multi-year: \$ _____ x _____ years*

Designated Seat Name(s): (i.e. The Jones Family): _____

Gold Star - \$20,000 - \$49,999

Donation Amount: \$ _____

One-time pledge

Multi-year: \$ _____ x _____ years*

Silver Star - \$10,000 - \$19,999

Donation Amount: \$ _____

One-time pledge

Multi-year: \$ _____ x _____ years*

Star Gazer - Up to \$1,000

Donation Amount: \$ _____

One-time pledge

Multi-year: \$ _____ x _____ years*

Bronze Star - \$5,000 - \$9,999

Donation Amount: \$ _____

One-time pledge

Multi-year: \$ _____ x _____ years*

Shooting Star - \$2,500 - \$4,999

Donation Amount: \$ _____

One-time pledge

Multi-year: \$ _____ x _____ years*

Naming Rights (if applicable): _____

Payment Details (i.e. method of payment, installment dates, etc.): _____

MUFFC Committee Representative: _____

**Maximum 5 year payment plan.*

All donor naming rights to be approved by the Fundraising Committee.