

RAISE THE ROOF CAMPAIGN

MARION PALACE THEATRE RE-ROOF FUND

276 W Center St • Marion OH 43302 • 740/383-2101 • marionpalace.org

I/We pledge a total of \$_____, payable over a period of

_____ One time payment enclosed (Check # _____)

_____ 1 year _____ 4 years

_____ 2 years _____ 5 years

_____ 3 years

Pledge payments will begin _____

Date mm/dd/yyyy

Please invoice me

Payments will be made

\$ _____ quarterly (January/April/July/October)

\$ _____ bi-annually (January and July)

\$ _____ annually (month _____)

Charge my card (VISA MC DISCOVER AM EXPRESS)

Card Number _____

Exp Date _____ Security Code _____

Name(s) _____

Mailing Address _____

City _____ ST _____ Zip _____

Preferred phone number _____

Signature

Signature

Checks payable to
Palace Cultural Arts Association, Inc.

Your gift is
tax-deductible to the
extent allowable by IRS Code.

THANK YOU

FOR YOUR GENEROUS SUPPORT!