

# Under One Roof

June 7, 2017

Southern Theatre

PLEDGE CONFIRMATION REPLY (Please print clearly)

Sponsor Name \_\_\_\_\_ Recognize this gift on all public relations as \_\_\_\_\_

Contact Name \_\_\_\_\_ Address, City, State, Zip \_\_\_\_\_

Office Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

## INVESTMENT

Please accept this pledge commitment in the amount of \$ \_\_\_\_\_

- Full payment enclosed.
  - Check
  - Credit card: Visa, MasterCard, Discover, American Express—

Name on card \_\_\_\_\_

Address (as listed on account invoice) \_\_\_\_\_

Card number \_\_\_\_\_ Expiration date \_\_\_\_ / \_\_\_\_

- Full payment to be paid by May 26, 2017
- Other (Please explain) \_\_\_\_\_

## EVENT SEATING

In order to facilitate the seating process, please complete the following:

\_\_\_\_\_  
Name of contact for seating

Office Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

- We are unable to attend the event.
- I am authorized to make this pledge on behalf of my corporation.

\_\_\_\_\_  
Initials                      Date

PLEASE MAIL, FAX OR EMAIL PLEDGE FORM AND CHECK TO:  
Community Shelter Board  
111 Liberty Street, Suite 150  
Columbus, Ohio 43215  
cleonard@csb.org

614 221 9195 / main  
614 221 9199 / fax  
www.csb.org