



LETTER OF INTENT

FOR DONATION:

To support the NorShor Theatre, I / we pledge and agree to pay the sum of \$_____.

I / we will pay the amount in full.

I / we will pay this pledge in _____ installments over _____ years.

Your Contact Information:

Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Recognition: (please check one)

Your name, as it is to appear on donor rosters: _____

This is an anonymous gift. Please do not publish my name/our names on any donor roster.

I / we wish to make this gift a memorial or living tribute in the name of: _____

Please send acknowledgement of memorial / living tribute to: _____

Address: _____ City: _____ State: _____ Zip: _____

Payment: (please check one)

Please make checks payable to: The Duluth Playhouse

Cash Check Visa MC AmEx Discover

I would like to make my gift through stock, security, real estate, or other form. Please contact me.

Card #: _____ Exp. Date: _____

CCV #: _____ Zip Code: _____ Cardholder Name: _____

Cardholder Signature: _____

Please mail this form to:

NorShor Theatre | Attn: Devin Stigsell | c/o The Duluth Playhouse
211 E. Superior St. | Duluth, MN 55802

Questions? Contact Devin Stigsell at (218) 733-7556 or dstigsell@duluthplayhouse.org.

Your Signature: _____

Date: _____

Note: This is a declaration of intent and may, in the event of financial change, be increased, decreased, or cancelled at the option of the donor(s).