

OREGON **BALLET** THEATRE

KEVIN IRVING / ARTISTIC DIRECTOR

OBT CONTRIBUTION FORM

I would like to make a

RECURRING GIFT

\$

PER MONTH

Charge my card on the:

- 1st of each month
- 15th of each month

I would like to make a

ONE TIME GIFT

\$

Gift payment option:

- Payment enclosed
- Credit card details below

I prefer to make a total pledge by ___ / ___ / ___

\$

TOTAL

Please bill me:

- Once a year
 - Twice a year
 - Quarterly
 - Monthly
- Please send me an invoice prior to each billing and divide the payment amounts accordingly.

PREFERRED NAME(S) FOR PRINT RECOGNITION

BILLING NAME

BILLING ADDRESS

CITY

STATE

ZIP

PHONE

EMAIL

CREDIT CARD NUMBER

EXP. DATE

CVV

SIGNATURE

DATE

Thank you for your generosity and support!

Your unrestricted gift will be used where it is most needed.

0720 SW Bancroft Street, Portland, OR 97239 • V: 503.227.0977 • F: 503.227.4186 • obt.org