



RAAC's Little Washington Theatre Renovation Campaign

Donor Information

Print Name _____

Address _____

City _____ State _____ Zip _____

Phone(s) # _____

Email Address _____

Capital Campaign Commitment

I/we will give \$ _____ in support of RAAC's Theater Renovation & Expansion.

All gifts will be matched 100% by an Anonymous donor up to \$1 million!

We will make our donation in the form of:

☐ Check ☐ Stock ☐ Credit card ☐ Donor Advised Fund

Any special instructions: _____

Payment Options

☐ One-time payment

☐ Pay over time: \$ _____ in 2025; \$ _____ in 2026; \$ _____ in 2027

Credit Card Information

Name of credit card _____

Card # _____ Exp Date _____ CVV _____

Gift Recognition

☐ My/our names should appear as _____

☐ This gift should remain anonymous

☐ This gift is made in memory of _____

☐ This gift is made in honor of _____

Donor Signature

Date

Donor Signature

Date