

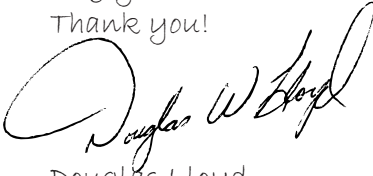
Dear BCT Friend:

BCT sincerely appreciates your support in establishing our beautiful new home, enabling us to bring our community top-quality entertainment on a lean budget. But, as the old saying goes, beauty is only skin deep, and that describes our current situation perfectly.

While the public area of our space is beautiful and comfortable, there are many areas "behind the scenes" that still need to be completed. This includes finishing our backstage set-building area, dressing rooms, and prop storage area; purchasing a new sound system; paying for our new lighting system; and obtaining a sign for us to be found more easily by our patrons.

So, while things may look completed, our beauty at this point is largely cosmetic, and there is still much more to be done. Therefore, we ask again for your generous support to relieve us of our burdens and enable us to keep our shows affordable and professional. We offer individual and corporate sponsorships starting at just \$15. Please send your tax-deductible gift to BCT at P.O. Box 340054, Beavercreek, Ohio 45434. A form for using your credit card may be found on the back of this request.

Thank you!



Douglas Lloyd  
President

## **Yearly Sponsorship Levels**

*Friend:* \$15 - \$49

*Patron:* \$50-\$99

*Leading Role:* \$100 - \$199

*Stage Manager:* \$200 - \$299

*Star:* \$300 - \$399

*Director:* \$400 - \$499

*Producer:* \$500 and up



**BEAVERCREEK**  
**COMMUNITY**  
**THEATRE**

# PLEDGE FORM

## Donor Information (please print or type)

Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Alternative Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Pledge Information

I/We pledge a total of \$\_\_\_\_\_ to be paid:

now  monthly  quarterly  yearly.

I/We plan to make this contribution in the form of:

cash  check  credit card (Visa and MasterCard only.)

Credit card information:

Please check if using:    

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_

Authorized Signature: \_\_\_\_\_

## Acknowledgement Information:

Please use the following name(s) in all acknowledgements:

\_\_\_\_\_  
\_\_\_\_\_

I/We wish to have our gift remain anonymous.

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

Please make checks payable to :

**Beavercreek Community Theatre**

**PO Box 340054**

**Beavercreek, Ohio 45434-0054**