

Under One Roof

June 7, 2018

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 25, 2018

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