



MONUMENTAL STAIRCASE & FACADE RESTORATION PROJECT GIFT FORM

DONOR INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

GIFT AMOUNT

\$25,000 \$10,000 \$5,000 \$2,500 \$1,000 \$500 Other \$_____

Please note: Gifts of any amount are appreciated. Contributions may take the form of outright gifts payable by check or credit card, stock transfers or pledges. Additionally, pledges for gifts of \$10,000 or more may be payable over a period of up to five years.

METHOD OF PAYMENT

Check made payable to Stambaugh Auditorium (enclosed)

Pledge (we will contact you for details)

Credit Card: Mastercard Visa American Express Discover

Credit Card Number: _____

Expiration Date: _____ CCV: _____

Signature: _____

NAME AS YOU WOULD LIKE IT TO APPEAR IN PRINT

Please check the box if you would like for your gift to remain anonymous

Thank you for your support!

Send the completed form to:

Stambaugh Auditorium, Attn: Development Office, 1000 5th Avenue, Youngstown, OH 44504

If you have any questions or would like additional information, please contact
JoAnn Stock, Chief Development Officer at 330-747-5175 or jstock@stambaughauditorium.com