

**Aberdeen Community Theatre  
Capitol Theatre Improvement Campaign  
Film Project  
Statement of Intent**

I (We) intend to contribute – personal, business and economic conditions permitting – a total of

\$\_\_\_\_\_ to the Capitol Theatre Improvement Film Project Campaign as follows:

\$\_\_\_\_\_ in 20\_\_\_\_ \$\_\_\_\_\_ in 20\_\_\_\_ \$\_\_\_\_\_ in 20\_\_\_\_

Payment Frequency ( ) Annual ( ) Semi-Annual ( ) Quarterly

First payment to be made on or about and bill me: \_\_\_\_\_

My (Our) contribution for \$\_\_\_\_\_ is enclosed.

( ) Please recognize our commitment to the Capitol Theatre Improvement Campaign.

( ) Please keep our contribution anonymous.

Please print name below as you wish to be recognized:

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

Please print:

Name \_\_\_\_\_

Business \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

PHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_

Make checks payable to ACT (Aberdeen Community Theatre)

**Aberdeen Community Theatre  
415 S. Main St. \* PO Box 813  
Aberdeen SD 57402-0813  
(605) 225-2228 act@nvc.net  
AberdeenCommunityTheatre.com**

