



THE  
**MINNESOTA SHUBERT**  
PERFORMING ARTS & EDUCATION CENTER

## Pledge Form

**YES!** I would like to make an investment in the Minnesota Shubert Performing Arts and Education Center Education Program.

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_ Email \_\_\_\_\_

I pledge to invest \$ \_\_\_\_\_ total toward the Education Program.

Please check that which applies to your gift:

- I would like to give \$ \_\_\_\_\_ per year for \_\_\_\_\_ years.  
Please invoice me during \_\_\_\_\_ month.
- I have enclosed the full amount at this time.
- My company will match my gift (please include your employer's matching gift form).
- I would like information regarding planned giving to the Minnesota Shubert Center.
- Please charge my credit card:  
 Visa       MasterCard  
Card Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

I agree to the terms listed above regarding my gift to the Minnesota Shubert Performing Arts and Education Center Education Program.

X \_\_\_\_\_ Date \_\_\_\_\_

**Please return this form to:**

Kim Motes  
Director, Minnesota Shubert Center  
Artspace Projects, Inc.  
528 Hennepin Ave., Suite 303  
Minneapolis, MN 55403

**Checks can be made payable to:  
Minnesota Shubert Center**