



THE
MINNESOTA SHUBERT
PERFORMING ARTS & EDUCATION CENTER

Pledge Form

YES! I would like to make an investment in the Capital Campaign for the Minnesota Shubert Performing Arts and Education Center.

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

I pledge to invest \$ _____ total toward the Capital Campaign.

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 Capital Campaign for the Minnesota Shubert Performing Arts and Education Center.

X _____ Date _____

Please return this form to:
Kim Motes
Director, Minnesota Shubert Center
Artspace Projects, Inc.
250 Third Avenue North, Suite 500
Minneapolis, MN 55401