RIVERSIDE CHILDREN'S THEATRE
EST. 1957

Gift Pledge Form

Donor Information (please print or type)

Name _____

Billing address _____

City, ST Zip Code _____

Phone 1 | Phone 2 _____

Email _____

Pledge Information

I (we) pledge a total of $_____

I (we) plan to make this contribution in the form of: ☐ Cash ☐ Check ☐ Credit card ☐ Other

Other: _____

Credit card type | Exp. date _____

Credit card number | CVV _____

Authorized signature _____

Gift Designation

I (we) plan to designate our gift to: ☐ PACE (Performance Arts & Creative Education)

☐ General Operating Support ☐ Productions ☐ Equipment

☐ Leadership & Career Exploration Experience ☐ Other

Other: _____

Acknowledgement Information

Please use the following name(s) in all acknowledgements: _____

☐ I (we) wish to have our gift remain anonymous.

Signature(s) Date

Please make checks, corporate matches, or other gifts payable to:

Riverside Children's Theater
2900 Adams Street Suite C-19
Riverside, CA 92504
Tax ID # 95-6090837

☐ Production Fall 2026 Ad ☐Production Spring 2027 Ad
☐ Production Fall 2027 Ad ☐Production Spring 2028 Ad

RIVERSIDE
CHILDREN'S THEATRE
EST. 1957

☐ Production Fall 2026 Ad ☐Production Spring 2027 Ad
☐ Production Fall 2027 Ad ☐Production Spring 2028 Ad