



Downtown Cabaret Theatre

263 Golden Hill Street
Bridgeport, CT 06604
(203) 576-1636
MyCabaret.org
tickets@mycabaret.org



Giving Day Pledge Form March 1st, 2018

**All fields need to be filled out. Please print clearly.*

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

E-mail: _____

Phone: _____

Donation Amount: (Minimum \$10)

\$10

\$25

\$50

\$100

\$250

Other: _____

Would you like to cover the **7.99%** credit card processing fee along with your donation?

Yes ___ **No** ___

Credit Card Information:

Visa

MC

Amex

Discover

Card #: _____

Exp.: ____ / ____ **CVV code:** _____

Signature: _____

By signing this pledge form, you give the Downtown Cabaret Theatre permission to charge your credit card for the above amount on March 1st, 2018. You will receive an Email confirmation from Fairfield County Giving Day when your donation has been processed.

Thank you for your continued support of the Downtown Cabaret Theatre!



263 Golden Hill Street • Bridgeport, CT 06604
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