

Take the pledge and join the growing community committed to the long-term success of Charleston Opera Theater.

I/We recognize that Charleston Opera Theater is in the early phase of fulfilling its mission to bringing sustainable professional opera to the Lowcountry. I/We acknowledge that the dedicated support of individuals and the community will help Charleston Opera Theater to achieve the goals set out by the staff and board of directors.

It is my/our desire to support Charleston Opera Theater's mission through the following financial pledge.

_____ To provide sustainable support with a pledge/commitment of \$ ______ per year for three years; a total of \$______.

The annual amount to be paid ______. (Quarterly, Semi-Annual, or Annually)

____ One time contribution of \$_____

This pledge of support is an expression of my/our current plans and is subject to revocation or modification at any time. This is not a legal binding document.

Signed		Dated		
Address	City	State	Zip Code	-
Phone Number	En	nail Address		
I/We ask that my/	our names appear in reco	gnition or annual re	eports, etc. as follo	WS:
I/We ask that this	pledge/contribution be a	nd remain confider	itial.	
Charleston Opera Theater is	a 501(c)(3) organization. All	donations are tax dedu	ctible to the extent of	the law.