



Arden Circle Pledge Form

Yes! I want to be a member of the Arden Circle and support the long-term health and success of Seattle Shakespeare Company.

Arden Circle Member Information:

Name(s): _____

Address: _____

City/State/Zip: _____

Day Phone: _____ Eve. Phone: _____

Email(s): _____

Arden Circle Pledge:

I/we would like to make a sustained pledge of \$_____ for _____ years.

My Arden Circle membership will commence today: _____

Please recognize my/our gift as follows: _____

Signature: _____

Pledge Fulfillment:

As an Arden Circle Member, we invite you to complete your pledge in the manner that is most convenient for you, through multiple contributions each year or as one gift. You are also welcome to adjust your pledge at any time. If you know how you wish your pledge to be fulfilled each year, you can let us know here:

- Fall Education Celebration Luncheon (Oct./Nov.): _____
- Bill's Bash Raise-the-Paddle (April/May): _____
- Direct Payment to SSC: _____
- Other/Notes: _____

- My company will match my gift in the amount of: _____