

Woodward Restoration Program Pledge Form

Name: _____

Address: _____

Company Name (if applicable): _____

Phone: _____

Email Address: _____

- 1) I would like to Pledge \$ _____
to the efforts to restore the Woodward Opera House,
America's Oldest Authentic 19th Century Theater.
I will fulfill my pledge on the following schedule or terms:

- 2) I am also interested in assisting with:

___ Volunteering as a tour guide for the Woodward.

___ Volunteering to help assist with cleanup during
the development and construction stages of
the restoration.

___ I am a skilled _____ and am
willing to donate my professional services
to the project.
- 3) Do you wish to have your donation publicly acknowledged? choose one

___ Yes, please list my name only

___ Please do not use my name, keep my generosity confidential.

___ Yes, please list my name and list my contribution amount

___ Please do not list my contribution amount(s), but feel free to use my name.
- 4) If you have questions or comments, please contact us.

Please return this form to:

Woodward Development Corp.
107 South Main Street, Mount Vernon, Ohio 43050
Ph. 740-392-6142 Fax 740-392-7840
Website www.TheWoodward.org
Email director@TheWoodward.org

Thank you.