



# NEXT STAGE

*Preserving The Future of  
The Historic Landers Theatre*

## THANK YOU!

### SPRINGFIELD LITTLE THEATRE BOARD OF DIRECTORS

Jeff Hammock, *President*  
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### SPRINGFIELD LITTLE THEATRE NEXT STAGE COMMITTEE

Kim Crosby, *Co-Chair*  
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Jeff Hammock • Bill Mitchell • Larry Ollis  
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### SPRINGFIELD LITTLE THEATRE PROFESSIONAL STAFF

Beth Domann, *Executive Director*  
Lorianne Dunn, *Education Director*  
Angela Peabody, *Business Manager*  
Megan Buchbinder, *Marketing Director*  
Laramie Ellis, *Box Office Supervisor & Marketing Assistant*  
Eli Cunningham, *Multimedia Director*  
Zoe Zelonky, *Youth Program Director*  
Kaleb Norman, *Education Specialist*  
John R. "Chuck" Rogers, *Scenic Designer*  
Jamie Bower, *Lighting & Sound Designer*  
Kris Haik, *Costume Designer & Rentals Coordinator*  
Ginny Herfkens, *Costume Designer*  
Karen Richter, *Marketing Associate*



Springfield Little Theatre

311 E Walnut St, Springfield, MO 65806

[www.springfieldlittletheatre.org](http://www.springfieldlittletheatre.org)

# I pledge to help ensure the future of Springfield Little Theatre!

### As You Consider Your Pledge —

- Payments may be made over a period of five (5) years. A longer period can be arranged if necessary.
- Your pledge payments to this campaign will be used for the specific capital needs currently being addressed.
- Payment reminders and if desired a special payment envelope will be mailed to you in accordance with the payment plans you choose.
- Pledge payments are fully deductible for tax purposes.
- Please make checks payable to: Landers Theatre Next Stage campaign

Limited NAP tax credit  
are available!

Prefix (circle one): Mr. Mrs. Ms.

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Please recognize our gifts in this way:

☐ Please check here if you do not wish to be included  
in recognition materials

I/we pledge to the NEXT STAGE campaign as follows:

☐ LANDERS THEATRE ☐ ACADEMY ☐ UNDESIGNATED

Total Pledge: \$ \_\_\_\_\_

Down Payment: \$ \_\_\_\_\_

Balance Due: \$ \_\_\_\_\_

I/we prefer to pay balance:

☐ monthly ☐ quarterly ☐ semi-annually ☐ annually ☐ pay in full

Over a period of:

☐ one year ☐ two years ☐ three years ☐ four years ☐ five years

If my gift is equal to or greater than \$10,000, I understand at my level  
of giving that I have secured naming privileges\* for the following theatre area:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please find my check (# \_\_\_\_\_) enclosed or please charge credit card listed:

☐ Visa ☐ Mastercard ☐ AMEX ☐ Discover

Card Number: \_\_\_\_\_ Exp: \_\_\_\_/\_\_\_\_ 3-digit CSC: \_\_\_\_

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Please contact SLT Executive Director Beth Domann ([bdomann@springfieldlittletheatre.org](mailto:bdomann@springfieldlittletheatre.org))  
or 417-869-3869, ext. 12, for more information regarding the following:

**Gifts of stock • Matching Gifts • Gifts of Life Insurance**  
**Including SLT in My Will • Any Additional Questions**

Your contribution is tax-deductible to the extent allowed by law. No goods or services  
were exchanged for this pledge/gift. Certain project costs have been underwritten by the  
Missouri Department of Economic Development, Neighborhood Assistance Program.