

THEATRE MEMBERSHIP CAMPAIGN – DONATION FORM

Purchaser Information: Mr. Mrs. Ms. Miss Dr.

First Name _____ Last Name _____

Address _____

City/Town _____ Province/State _____ Postal Code _____

Telephone (Home) (____) _____ Telephone (Bus) (____) _____

Email _____

Method of Payment: Cheque Visa Master Card

Card Number _____ Expiry Date _____

Card Holder _____ Signature _____

Payment Installments – 2005: _____ 2006: _____

Cheques payable to the Town of Huntsville – Theatre Campaign, 37 Main Street East P1H 1A1

THEATRE MEMBERSHIPS

FOUNDER \$2,500 x ____ = _____

BUILDER \$1,500 x ____ = _____

PATRON \$500 x ____ = _____

TOTAL \$ _____

SEAT INSCRIPTION
(2 lines at 14 characters per line)
