



Where Community Stars Shine

Donor Information (please print or type)

Name	
Billing address	
City	
Postal Code	
Telephone (home)	
Telephone (business)	
E-Mail	

Pledge Levels and Information

\$5,000 Leadership \$2,500 Benefactor \$1,000 Angel \$100 Friend Other
\$ _____

I am making a one-time gift.

I am making a multi-year pledge.

Annual payments of \$ _____ per year for _____ years. Payment begins on _____.

Monthly payments of \$ _____ per year for _____ years. Payment begins on _____.

Cheque enclosed – Make payable to Simcoe Little Theatre 33 Talbot St N PO Box 324 Simcoe On N3Y 4L2

Stock Options – Please contact Douglas Grant at 519-583-3963

Credit card type	
Credit card number	Three Digit Security Code:
Expiration date	
Authorized signature	

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

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____ I (we) wish to have our gift remain anonymous.

Signature(s)
Date

Thank you for your generous support!

A tax receipt will be issued for your gift. The information gathered is personal and confidential and will be used for Simcoe Little Theatre and income tax purposes only.

Simcoe Little Theatre Charitable Number 11915 0407 RR0001