

GRAND THEATRE LONDON, CANADA

DONATION FORM

YES! I/WE WANT TO BE A PART OF SOMETHING **GRAND!**

DONATION \$ _____

DONOR INFORMATION

Name: _____

Street Address: _____

City, Postal Code: _____

Phone : _____

Email: _____

PAYMENT INFORMATION

- Cheque is enclosed
 Credit Card – one payment
 Credit Card – monthly payment of \$ _____/month

Credit Card #: _____

Expiry Date (mm/yy): _____

Name on Card: _____

Signature: _____

DESIGNATION

Please direct my donation to:

- Annual Fund
 Make a Difference Youth Programming (High School Project, 100 Schools Project)
 Capital Fund
 Area of Greatest Need

ACKNOWLEDGEMENT

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

- Check this box should you wish your gift to be anonymous

THANK YOU FOR YOUR SUPPORT!

Please mail this form to:

Development Department, the Grand Theatre, 471 Richmond Street, London ON N6A 3E4

Or you may scan and email to development@grandtheatre.com

Please call if you have any questions or require information – 519-672-9030 x262