



## DONATION FORM

Last Name(s) \_\_\_\_\_ First Name(s)/Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Contact Phone (home) \_\_\_\_\_ Business \_\_\_\_\_

Email \_\_\_\_\_

### DONATION INFORMATION

I/We wish to support Crow's Theatre's with a donation of \$ \_\_\_\_\_

#### Payment type:

Cheque (please make cheques payable to Crow's Theatre)

VISA / MasterCard / Amex:

Name on the card (if different from above) \_\_\_\_\_

Card number \_\_\_\_\_

Expiry Date \_\_\_\_\_ CVV Code \_\_\_\_\_ Signature \_\_\_\_\_

Transfer of stocks or securities (*please contact Crow's Theatre for additional information*)

### DONOR RECOGNITION

Donors will be recognized in Crow's materials unless an anonymous gift is requested below. Please use the following names in all acknowledgements:

\_\_\_\_\_  
 I/We wish to remain anonymous

### SPECIAL INSTRUCTIONS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WE REMAIN FOREVER GRATEFUL  
FOR YOUR SUPPORT AND GENEROSITY.**