

DONOR INFORMATION

Name

Address

City, Province

Postal Code

Phone

Email

DONATION INFORMATION

Please accept my donation of \$ _____ for _____ Premium Seat(s) at \$1,000 each (limited number of front and centre row seats available)

Please accept my donation of \$ _____ for _____ seat(s) at \$350 each.

Seats assigned by lottery but multiples can be grouped together if requested.

My gift is for: Myself, my family In memory Anonymous

I would like the following name inscribed on my seat plaque(s)

DONATION INFORMATION

My cheque is enclosed and payable to the Arts Club Theatre Company

Visa Mastercard American Express

Credit Card Number

Expiry Date

Signature

Your donation is fully tax deductible.
Please complete and return to:

Arts Club Theatre Company, Attn: Take a Seat Campaign
1585, Johnson St, Vancouver BC, V6H 3R9
Fax: 604.688.3273 | Email: nklein@artsclub.com | Tel: 604.687.5315 x 244
Charitable Registration # 11921 3551 RR0001