

Option A: I would like to make a monthly gift of:

\$50 \$30 \$20 \$10 Other\$ _____

From my credit card - I have completed my credit card information below

From my bank account - I have enclosed or faxed a sample cheque marked "VOID"

I would like to make my contribution on the 1st of each month beginning in _____ (month) of _____ (year)

Monthly giving allows me to spread my generosity over the entire year and save time, money and postage. I may end or change this service at any time (cancellations require 30 days notice) by calling Theatre Aquarius at 905.522.7815 x. 236

Option B: I would like to make a one-time gift of:

\$50 \$75 \$125 \$250 Other\$ _____

Please select a payment option:

Credit Card: VISA MasterCard AmericanExpress

Card # _____

OR

Expiry: _____ CVD (Security Code) _____

My Cheque is enclosed (made payable to Theatre Aquarius Inc.)

Card Holder's Name: _____

My Contact Information

Donor Title: Mr. Mrs. Ms. Miss Dr. Other (please specify): _____

Donor Name: _____

Street Address: _____ **Apt#:** _____

City: _____ **Province:** _____ **Postal Code:** _____

Phone: (____) _____ **Fax:** (____) _____

My gift is: In Memory Of: In Honour Of: _____

Street Address: _____ **Apt#:** _____

City: _____ **Province:** _____ **Postal Code:** _____

Comments: _____

Theatre Aquarius is committed to protecting your personal information. We do not share, rent, trade, or sell any information we have collected. Personal information collected may be used to conduct fundraising and donor relations activities in support of Theatre Aquarius. If at any time you wished to be removed from our list, please contact Theatre Aquarius at 905.522.7529 x. 236 or email kfric@theatreaquarius.org.

Tax receipts are issued for all donations of \$20 or more. Monthly donors will receive one receipt in Januray for the full amount of their donations made during the previous calendar year.

Donations of \$125 or more are recognized in the Theatre Aquarius house programs. Please indicate your preference:

Yes, I would like to be recognized publicly.

No, please make my gift anonymous.

Signature: _____ **Date:** _____

Please fax your completed form to 905.667.0107 or mail to: Theatre Aquarius 190 King William St., Hamilton ON. L8R 1A8 attn: Development

Thank you for supporting our mission to create outstanding, accesible, live theatre that entertains, challenges & educates.