

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

\$25       \$50       \$100       \$125       Other\$ \_\_\_\_\_

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

From my bank account - I have enclosed 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 (changes 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:**

\$125       \$250       \$500       \$1000       Other\$ \_\_\_\_\_

**Please select a payment option:**

**Credit Card:**  VISA     MasterCard     AmericanExpress

Card # \_\_\_\_\_

OR

Expiry: \_\_\_\_\_ CCV# \_\_\_\_\_

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

Card Holder's Name: \_\_\_\_\_

**My Contact Information**

**Donor Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **Apt#:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Email:** \_\_\_\_\_

**My gift is:**  In Memory Of: \_\_\_\_\_  In Honour Of: \_\_\_\_\_

Please inform the following person of my tribute gift: \_\_\_\_\_

**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 February 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 for one year. Please indicate your preference:

Yes, I would like to be recognized publicly.

No, please make my gift anonymous.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please mail your completed form 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.*