

**I would like to make a donation to the Fredericton Playhouse!**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

I consent to receive electronic communications from the Fredericton Playhouse

<b>One-time Donation</b> \$ _____	<b>Donation category</b> (please choose one)
OR	<input type="checkbox"/> <b>Director's Circle</b> \$1000 or more
	<input type="checkbox"/> <b>Benefactor</b> \$500 to \$999
	<input type="checkbox"/> <b>Supporter</b> \$300 to \$499
<b>Recurring Donation</b> \$ _____	<input type="checkbox"/> <b>Companion</b> \$150 to \$300
(billed <b>monthly</b> to your credit card)	<input type="checkbox"/> <b>Friend</b> \$50 to \$149

**Payment Method**

- Cheque - made payable to The Fredericton Playhouse  
 Credit Card             Visa             Mastercard             American Express

Card No. \_\_\_\_\_ Expiry \_\_\_\_/\_\_\_\_ CVV \_\_\_\_\_

**Acknowledgement** (please choose one)

- Please list my name(s) as \_\_\_\_\_  
 I wish to remain anonymous  
 This donation is in memory of \_\_\_\_\_