

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

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

Payment Method

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

Card No. _____ Expiry ____/____

Acknowledgement (please choose one)

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