

# 2017/18 ROYAL MTC DONATION FORM

Thank you for your donation! Please fill out and return this form to:

Royal Manitoba Theatre Centre

174 Market Avenue

Winnipeg, MB R3B 0P8

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**YES! I WANT TO SUPPORT THE 60<sup>TH</sup> SEASON WITH A DONATION OF \$ \_\_\_\_\_**

**THIS GIFT IS FROM:**     An Individual     A Business

**PAYMENT:**

Cheque (payable to Royal MTC)

Visa    MasterCard    American Express

Card # \_\_\_\_\_ Expiry Date \_\_\_\_ / \_\_\_\_

Cardholder Name \_\_\_\_\_ Signature \_\_\_\_\_

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**YES! I WANT TO SUPPORT ROYAL MTC YEAR ROUND AS A MONTHLY DONOR**

I would like my donation to be in the amount of: \$ \_\_\_\_\_ per month

Please charge my monthly gift to my:    Visa    MasterCard    American Express

Card # \_\_\_\_\_ Expiry Date \_\_\_\_ / \_\_\_\_

Cardholder Name \_\_\_\_\_ Signature \_\_\_\_\_

Your pledge will be withdrawn on the 1<sup>st</sup> of each month or the following business day.

You can change or cancel your gifts at any time by calling 204 954 6412 or email [hstruck@royalmtc.ca](mailto:hstruck@royalmtc.ca)

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**DONOR TAX RECEIPT INFORMATION**

Mr.    Mrs.    Miss    Ms.    Dr.    Other \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

\*You can provide your email to reduce costs and allow us to focus your donation to the art on the stages

Please list my name in Royal MTC publications as:

\_\_\_\_\_

I wish to remain anonymous in donor listings

I have left Royal MTC a gift in my will

The gift in my will is in    honour of    memory of:

\_\_\_\_\_ Relationship: \_\_\_\_\_

We respect your privacy and will not sell or trade your name. Registered Charity Number: 11903 0799 RR0001

**Thank you from Royal MTC!**