

DONATION FORM



Thank you for your donation! Please fill out and return this form to:
Royal Manitoba Theatre Centre, 174 Market Avenue, Winnipeg, Manitoba, R3B 0P8

YES! I WANT TO SUPPORT ROYAL MTC WITH A DONATION OF \$ _____

This gift is from An individual A business

Payment Method Cheque (Payable to Royal MTC) Visa Mastercard American Express

Credit Card _____ Expiry Date ____ / ____

Cardholder Name _____ Signature _____

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

Credit Card _____ Expiry Date ____ / ____

Cardholder Name _____ Signature _____

Your pledge will be withdrawn on the 1st of each month or the following business day.
You can change or cancel your gifts at any time by calling Kris at 204 954 6412 or by emailing kolafson@royalmtc.ca.

DONOR TAX RECEIPT INFORMATION

Mr. Mrs. Miss Ms. Dr. Other _____

Name _____

Mailing Address _____

City _____ Province _____ Postal Code _____

Home Phone _____ Work Phone _____

Email _____

*Your donation will go further if you 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 would like to leave Royal MTC a gift in my will

For information about becoming a Founders' Circle Member, please contact Kris Olafson at 204 954 6412.

Thank you from Royal MTC!
