DONATION FORM

First Name _____ Last Name _____

Address _____

City _____ Province _____ Postal Code _____

Phone (Home) _____ (Cell) _____

Email Address _____

☐ I consent to receiving electronic messages with information on The Musical Stage Company and its activities.

DONATION LEVEL

☐ Yes! I wish to become a **Virtuoso**

I will pledge a gift of $_____ per year for the next three years. Payment information for the first installment is below (minimum $1,500).

☐ Yes! I wish to become a **Friend of The Musical Stage Company**

I will pledge a gift of $_____ and my payment information is below.

Please recognize my name, where applicable, as: _____

PAYMENT INFORMATION

☐ Enclosed Cheque (payable to *The Musical Stage Company*) ☐ VISA ☐ MasterCard ☐ American Express

Name on Card _____

Card Number _____ CVV _____

Expiry Date _____ Signature _____