



WINDSOR LIGHT

MUSIC THEATRE

DONATION FORM

I wish to donate at the following level:

FRIEND (\$15 - \$99)

PATRON (\$100 - \$249)

SUPPORTER (\$250 - \$499)

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Donation Amount: _____

PERSONAL INFORMATION

Date :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

Full Name : _____

Full Address : _____

Are you a WLMT Member? : Yes No

Phone # : _____

E-Mail : _____

My Donation is by:

Cheque (payable to "Windsor Light Music Theatre") :

Cash : Interac Debit : Credit Card (Visa/Mastercard or AMEX) :

Signature: _____

THANK YOU FOR YOUR DONATION