

Donation Form

Tax-Deductible Donation:

\$100 \$300 \$500 \$1000 Other _____)

Employee Matching Gift Program? _____ Yes _____ No

Organization Name: _____

\$500 - Name your seat(s) Qty: _____

Honor Roll Contributor Name: _____
(As appears in playbill)

Payment options:

Check (Payable to Rochester Civic Theatre)

Visa Mastercard Discover

Card number _____

Exp. Date _____

Signature _____

Name _____

Address _____ Zip _____

City _____ State _____

Contact Phone # (____) _____ (In the event of an order issue)

E-mail Address _____

(Stay connected, for weekly updates, special offers and future programming announcements)

Please add me to your email list. _____ Yes _____ No