

**Hale Centre Theatre Donation Form**

Title Mr. / Ms. / Mrs.  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
E-mail \_\_\_\_\_

**Gift Options**

- Anonymous
- No Benefits
- Tribute Name:  
\_\_\_\_\_

**Acknowledgement Card Address**

Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_  
Zip / State \_\_\_\_\_

Send an acknowledgement card

This gift will be matched

Company: \_\_\_\_\_

**Gift Amount**

- \$10
- \$25
- \$100
- \$250
- \$500
- \$1,000
- Other: \_\_\_\_\_

**Recurrence Options**

- Single Gift
- Recurring Yearly Gift

**Installment Options**

- One Time
- Monthly
- Quarterly
- Semi-Annual

**Payment Options**

- Check Enclosed
- Credit Card (Fill out the form below)

Card Holder _____	Card CVV _____
Card Number _____	Address _____
Card Type _____	_____
Card Expiration ___ / ___ (mm/yy)	City _____
	Zip / State _____

**Comments/Special Instructions**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_