



Sponsor a seat in the Citadel Theatre through a donation of \$1000.00

Tax receipt should be issued to:

Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Email: _____

Telephone(Home): _____ Cell: _____

I wish to remain anonymous

Name to appear on theatre seat plate (30 characters)

I will pay in one installment

I will pay in two installments 1st installment 2009 \$ _____ Date ____/____/____
2nd installment 2010 \$ _____ Please send me a reminder in the ____ month of 2010 for the final installment.

I have enclosed a chq payable to the "Citadel Theatre Campaign"

I wish to pay by credit card:



Credit card number: _____

Expiration Date: (mm/yy): _____ *CVC*required: _____ (3 digit code on back of card)

Cardholder Name: _____

Billing Address : _____

City: _____ Province : _____ Postal Code _____

Signature: _____

Thank you for supporting the Citadel Theatre Campaign!

www.citadelhightheatre.com

Citadel *Legacy* Campaign 1855 Trollope Street, Halifax, NS B3H 0A4
(902) 491-4444 ext 2831027 fax (902)491-1700 chslegacy@hrsb.ns.ca

Registered Charitable Number: RR01 88325 9236