



MAKING A DIFFERENCE MONTHLY GIVING FORM

I would like to:

- Make a personal donation
- Make a donation on behalf of an organization: _____

I would like to make 12 monthly donations of:

- \$10
- \$15
- \$25
- \$50
- \$75
- Other: _____

Please acknowledge this donation in the program as:

My donation will be paid by:

- Post-dated Cheques. Enclosed are 12 cheques, dated for the first of each month made payable to Lighthouse Festival Theatre.
- Credit Card. I authorize Lighthouse Festival Theatre to deduct my monthly gifts directly from my credit card on the following date each month: _____
- Please contact me to arrange payment.

PAYMENT INFORMATION: (Lighthouse Festival Use Only)

Name* (as it appears card): _____

Address*: _____

City*: _____ Postal Code*: _____

Phone Number*: _____ Email: _____

Credit Card #: _____ CVV: _____ Expiry: _____

VISA

MASTERCARD

Signature: _____ Date: _____

THANK YOU FOR YOUR SUPPORT!

