



Yes! I would like to support Theatre Museum Canada.

- Basic Member*** (a gift of \$50 to \$100)
 - \$50 (individual) \$75 (family)
- Friend*** (a gift of \$100 to \$1,000)
 - \$100 \$250 \$500
 - Other \$ _____
- Prime Benefactor*** (a gift of \$1,000 or more)
 - \$1,000
 - Other \$ _____
- Other** \$ _____

You will receive a charitable tax receipt for your entire gift. Charitable Registration No.89138 6146 RR0001

* All donors at these levels are considered members and are entitled to receive our newsletters and to vote at our Annual General Meeting.

Please fill in your contact and payment information below. (Your information will not be shared with any other groups.)

Donor's Name (for receipt): _____

Donor's Name (for recognition): _____
(If you prefer we recognize your gift differently in our publications.)

Address _____ City _____ Province _____ Postal Code _____

Phone (Residential) _____ Phone (Business) _____ Email _____

Payment Options:

Cheque (enclosed)
Please make all cheques payable to Theatre Museum Canada

Charge my credit card account: Mastercard VISA

Name on Card: _____

Card number: _____

Card expiry: ____/____

Signature: _____

Please fax this form to 416-923-0226 or mail to: Theatre Museum Canada, 77 Bloor Street West, Suite 1903, Toronto, ON M5S 1M2

Thank-you for your philanthropic gift