



General Donation Form

Yes! I would like to support Sage Theatre with a donation to:

- General Fund
- IGNITE! Festival
- Mainstage Season
- Other _____

My Name: _____

My Company Name: (if applicable) _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Fax Number: _____

Email: _____

Website: _____

Would you like a Charitable Receipt?

- Yes, please No, thank you

Would you like recognition for your donation? (In print and on the Sage Theatre website):

- Yes please No thank you, I prefer to remain anonymous

If yes, how would you like your name to appear:

- As Above OR _____

Method of payment:

- Cheque (made payable to Sage Theatre) VISA MasterCard

Or _____

I/We wish to pledge a total of \$ _____

The gift will be paid over One Year Two Years Three Years In One Payment

If paying by credit card, I/We authorize Sage Theatre to bill my/our credit card:

- In full OR In equal monthly amounts up to the total amount of my/our pledge

Card #: _____

Expiry Date: _____

Signature _____ Date _____

WE SINCERELY THANK YOU FOR YOUR SUPPORT!!