

Seven Oaks Performing Arts Centre
Personalized Donor Opportunities

Name: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____

Phone: _____

Gift Information:

Donation Amount: \$_____

Cash enclosed Cheque enclosed Postdated Cheques (please enclose)

Automatic Debit (please enclose a void cheque) Visa Mastercard

Card Number: _____

Name on Card: _____

Expiry: _____ Security Code: _____

Signature: _____

Theatre Seat (\$399) Theatre Seat & Name Recognition on Donor Wall (\$500) Bench (\$1000)

Seat / Bench Name Plate: _____

Donor Wall Recognition: _____

Small Stone (\$199) 4" x 8"

Large Stone (\$299) 8" x 8"

Inscription as you wish it to appear

Row 1:															
Row 2:															
Row 3:															
Row 4*:															
Row 5*:															

(* Large Stone Only)

Return to: Donna Herold, Seven Oaks School Division, 830 Powers St. R2V 4E7 or
 donna.herold@7oaks.org

Your information will be protected by Seven Oaks School Division and not shared with anyone for purposes unrelated to the Seven Oaks Performing Arts Centre.

Charitable Number: 107971467RR0001