



PLEDGE COLLECTION FORM



COLLECTOR'S NAME (FIRST, LAST): _____
 ADDRESS: _____
 EMAIL: _____

PHONE: (_____) _____
 CITY/PROVINCE: _____
 POSTAL CODE: _____

TOTAL FUNDS COLLECTED: \$ _____

DONOR INFORMATION			AMOUNT	PAID	TAX RECEIPT (Y/N)
NAME: (FIRST, LAST):	PHONE:	CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> MASTERCARD <input type="checkbox"/>			
ADDRESS:	POSTAL CODE:	CC #: _____ EXP.: _____			
NAME: (FIRST, LAST):	PHONE:	CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> MASTERCARD <input type="checkbox"/>			
ADDRESS:	POSTAL CODE:	CC #: _____ EXP.: _____			
NAME: (FIRST, LAST):	PHONE:	CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> MASTERCARD <input type="checkbox"/>			
ADDRESS:	POSTAL CODE:	CC #: _____ EXP.: _____			
NAME: (FIRST, LAST):	PHONE:	CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> MASTERCARD <input type="checkbox"/>			
ADDRESS:	POSTAL CODE:	CC #: _____ EXP.: _____			
NAME: (FIRST, LAST):	PHONE:	CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> MASTERCARD <input type="checkbox"/>			
ADDRESS:	POSTAL CODE:	CC #: _____ EXP.: _____			

Please print clearly. Complete donor information is required for the purposes of issuing a tax receipt. Please make cheques payable to Theatre Calgary. This form may be duplicated. If you have any questions regarding this program, please email roadrace@theatrecalgary.com.

As per Theatre Calgary's Privacy Policy, the information collected will strictly be used by Theatre Calgary for the purpose of processing donations, issuing of tax receipts and all matters pertaining to you as a supporter of Theatre Calgary. The information collected will not be distributed to outside sources.