Persephone theatre

Monthly Giving Donation Form

Please complete and send to address below

Donation Information

☐ $10 ☐ $15 ☐ $20 ☐ $25 ☐ Other _____

Name: _____

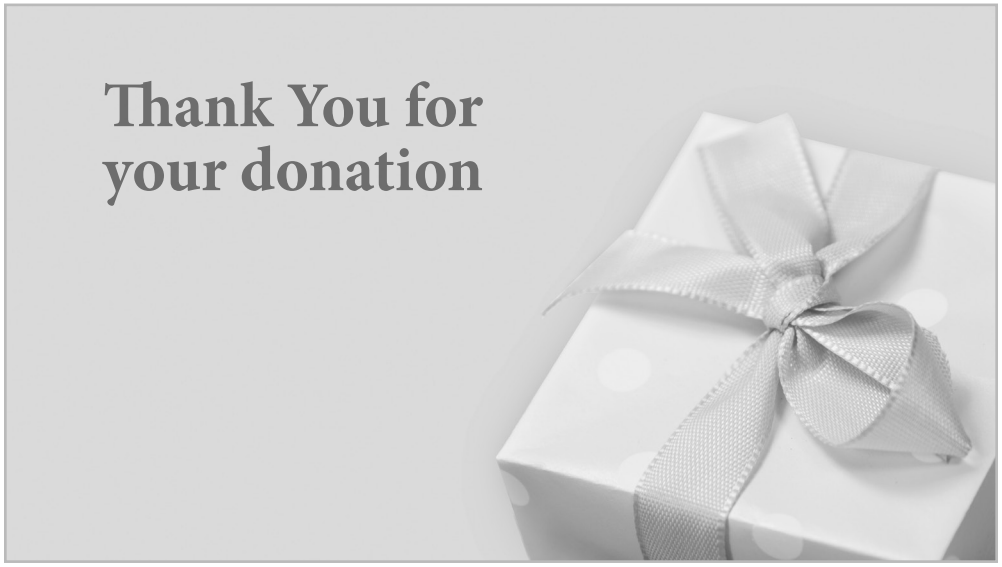
Address: _____

City: _____ Province: _____ Postal Code: _____

Phone # (Home): _____ Email: _____

For Donations of $20 or More (in a calendar year)
Name to appear on tax receipt: _____

For Donations of $50 or More (in a calendar year)
Name to appear in show programs (6 total): _____



Payment Information

☐ Visa ☐ Mastercard ☐ Monthly Pre-Auth Debit (include void cheque)

Credit Card #

Expiry Date: ___ /___(month/year) Signature: _____

I would like monthly donations withdrawn on

☐ The 1st day of the month ☐ The 16th day of the month

Monthly Donation Information

I may revoke my authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD agreement, I may contact my financial institution or visit www.cdnpay.ca

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with the PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca

☐ I'd like more information about the Director's Circle Program for donors

Want to know more about donating? Contact Megan Kent at:
megan.k@persephonetheatre.org or 306-384-2126 ext. 238

Persephone Theatre Charitable # 119091437RR0001

100 Spadina Crescent East
Saskatoon SK, S7K 0L3
Phone: (306) 384-7727
Fax: (306)382-9144

For Office Use
Patron # _____
Date: _____
☐ TM ☐ DB