



Festival 500

Sharing the Voices

Support

Please use envelope

Information is Confidential to Festival 500 Corporation

Name: _____

Address: _____

Postal Code:

Tel (Res.):

(Bus.):

(Fax):

Email: _____

My contribution to Festival 500 is: \$ _____

I agree to have my contribution acknowledged in festival materials.

My name will appear as follows: _____

I prefer to donate anonymously. Please do not release my name as a donor to anyone.

Method of payment: Cash Cheque Visa Mastercard

Cardholder Name: _____

Card Number:

Expiry Date: /

Date: / /

Signature: _____