

# Palace Theatre Restoration Project

## Program Pledge Form

*Please mail your gift to:*  
**Palace Theatre Restoration Project**  
**710 Dundas Street East**  
**London, ON N5W 2Z4**

Donor *Mr. & Mrs. / Mr. / Mrs. / Miss / Ms.*

Address \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

*I will support restoration with a three-year pledge totalling:*

\_\_\_\_\_ \$1000    \_\_\_\_\_ \$500    \$ \_\_\_\_\_ Other

*Three annual payments of* \_\_\_\_\_

\_\_\_\_\_ *I prefer \$27.78 a month towards my \$1000 pledge*

*I will make a one-time gift of*

\_\_\_\_\_ \$1000    \_\_\_\_\_ \$500    \$ \_\_\_\_\_ Other

*Please record my gift for recognition purposes:*

\_\_\_\_\_  
Donor Name(s)

*My preferred method of payment is:*

\_\_\_\_\_ *Personal cheque to Palace Theatre Restoration Project*

\_\_\_\_\_ *Visa*    \_\_\_\_\_ *MasterCard #* \_\_\_\_\_ *Expiry* \_\_\_\_\_

*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

\_\_\_\_\_ *I wish to assist the theatre by enlisting support for this project  
from one or more of my peers*

**Charitable Tax Number # 11902 3653 RR0001**