



THANK YOU FOR YOUR SUPPORT

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Postal address: PO Box 268, Christchurch 8140, New Zealand

YOUR DONATION

DONATION AMOUNT



PERSONAL DETAILS (YOUR PERSONAL INFORMATION IS KEPT CONFIDENTIAL)

DONATION DETAILS

- I wish to make a one-off donation on (date) _____
- I wish to make a donation of ____ weekly | monthly | yearly instalments, beginning on _____
- I would like the donation to be recognised as _____ OR Anonymous

PAYMENT METHOD

- By Invoice sent on _____
NB. If paying by invoice GST will be added.
- By Bank Deposit
Account Name: The Court Theatre
Account Number: 02-0800-0844850-027
Reference: Donation
Particulars: Your surname and initials
- With my Credit Card
Card Number: _____
Name on The Card: _____
Expiry: _____ CVV: _____
Signature: _____

CONFIRMATION

Signed

Signed (On behalf of The Court Theatre)

Date

Date