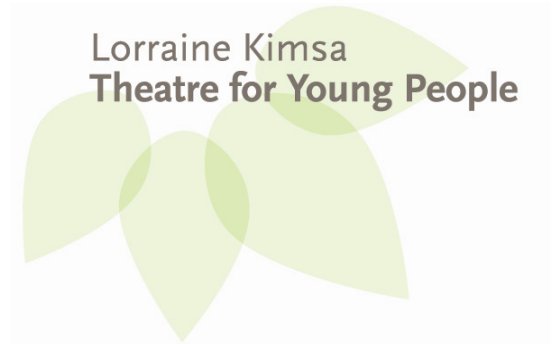


Yes, I wish to make a gift!

My Cheque is enclosed for \$ _____
(payable to: **Lorraine Kimsa Theatre for Young People**)



Charge my Credit Card for \$ _____

Visa MasterCard American Express

Credit Card: _____ Expiry: _____

Signature: _____

Name on Card: _____

Please charge my credit card in monthly instalments of \$ _____

- on the first business day of each month
 on the 15th day of each month, or the closest following business day
Note: you may cancel this authorization at any time by notifying LKTYP

Please publish my name (or family or young person's name) as: _____

OR I would prefer to remain anonymous

OR I would like to make a donation in honour of: _____

OR I would like to make a donation in memoriam of: _____

Contact Information

Name Email

Address Business Phone

City Province Postal Code Residence Phone

By Mail: Lorraine Kimsa Theatre for Young People
165 Font Street East
Toronto ON M5A 3Z4

By Fax: 416 363-5136

By Fax: Ms Terry Raininger, Development Officer
416 363-5131 ext 238