

DONATION FORM

CONTACT DETAILS

Full Name:

Address:

Email:

Daytime Phone:

DONATION DETAILS

I wish to support Griffin Theatre Company by donating:

\$ _____

For donations of \$200.00 and over please provide your preferred acknowledgement name:

Please provide the name your receipt should be issued in:

PAYMENT DETAILS

Enclosed is a cheque payable to the Griffin Foundation OR

Please debit my credit card: VISA Mastercard

Card Number: _____ - _____ - _____

Expiry Date: __/__/__ CVV number ___

Name on Card:

Signature:

Please return to: Griffin Foundation, Griffin Theatre Company, 13 Craigend Street, Kings Cross NSW 2010