



2024 Winnipeg Fringe Theatre Festival Donation Form

<i>Fringe Friends (\$30 - \$124)</i>	Benefits include: <ul style="list-style-type: none"> ▪ 1 Fringe Program mailed * ▪ 1 Fringe Button ▪ Charitable tax receipt 	<input type="checkbox"/> \$100 <input type="checkbox"/> \$75 <input type="checkbox"/> \$50 <input type="checkbox"/> \$30 <input type="checkbox"/> other amount \$ _____
<i>Fringe Fanatics (\$125 - \$249)</i>	Benefits include: <ul style="list-style-type: none"> ▪ 1 Fringe Show Pass ▪ 1 Fringe Program mailed * ▪ 1 Fringe Button ▪ Charitable tax receipt 	<input type="checkbox"/> \$225 <input type="checkbox"/> \$175 <input type="checkbox"/> \$125 <input type="checkbox"/> other amount \$ _____
<i>Fringe Phenoms (\$250+)</i>	Benefits include: <ul style="list-style-type: none"> ▪ 1 Fringe VIP 6 Pass ▪ Invitation to Fringe supporter reception ▪ 1 Fringe Program mailed * ▪ 1 Fringe Button ▪ Charitable tax receipt 	<input type="checkbox"/> \$1000 <input type="checkbox"/> \$500 <input type="checkbox"/> \$250 <input type="checkbox"/> other amount \$ _____

* Donations made after May 31, 2024 will be recognized in the 2025 Fringe program.

Please list my name in the program as:

 In the memory of: _____
 Anonymus

METHOD OF PAYMENT	
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express <input type="checkbox"/> Cheque (<i>Payable to: Royal Manitoba Theatre Centre</i>)	
Card #:	Address:
Expiry Date:	City/Prov:
Name:	Postal Code:
Signature:	Phone:
<input type="checkbox"/> Please sign me up for the Fringe e-newsletter	Email:

Charitable Tax #: 11903 0799 RR0001