

Williams Lake Studio Theatre Society P.O. Box 4473 Williams Lake, BC V2G 2V5 (250) 392-4383

Seating Replacement & Theatre Refurbishment Project

Name:		
Address:		Tax Receipt Required?
City:		Yes No
Postal Code:		Note: If yes, the information on the left must be filled out in full
Phone Number:		Please Print Clearly
E-mail:		
\$300 per Seat Sponsorship Number of Seats: Total Donation = \$	Paid by: Cash Cheque Payment Date:	
Custom Seat Plaque Informati	_ _ _ _ _ _	er line)
Sponsor Reciept	Williams Lake,	P.O. Box 4473 Williams Lake
Thank you for supporting our Seating Replacement and Theatre Refurbishment Project!		
Donation Amount: \$	_ Paid by: Cash	Cheque Debit
Date Received:	Seller Signature:	

If requested, your tax deductible receipt will be sent to you by January 15, 2016.

