



# Roxy Theater

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

I am pleased to contribute \$ \_\_\_\_\_

- Donor: up to \$100
- Sponsor: \$100 to \$999
- Patron of the Arts: \$1000 to \$4,999
- Charter Member: \$5000 to \$9,999
- SuperFriend: \$10,000 or more
- Theater Seat Sponsor: \$250

I prefer to pledge \$ \_\_\_\_\_

- monthly     yearly
- quarterly     one time

- Please send a receipt.
- My company will match this gift.

Name of company: \_\_\_\_\_

Thank you for your participation and support.

FMAC is a 501 (c) (3) non-profit corporation. All donations are tax deductible.  
 P.O. Box 781  
 Morton, WA 98356  
 360-496-0541



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