BELLA ROSE
Arts Centre

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Phone 902.457.3239 Fax 902.443.7362
www.bellaroseartscentre.com

YES! I want to support The Bella Rose Arts Centre

Donor Name: _____

Address: _____

_____

Postal Code: _____ Tel: _____

E-mail: _____

I pledge to support the Bella Rose Arts Centre as follows:

☐ **Name-A-Seat Program: # of seats ___ x $500/seat**
With each $500 gift, an engraved plaque will be installed on a seat with the inscription of your choice.
With the naming of two or more seats, your name will also appear on the "Special Friends of the Bella Rose" wall.

☐ **My gift of $_____ is enclosed.**
(Please make cheque payable to Halifax West Community Theatre Association)

☐ **Please bill my credit card:**
Cardholder Name: _____
Card Number: _____ Expiry Date: _____
Card Type: Visa Master American Express

Please print the name you wish to appear to the plaque (e.g. Halifax West Alumni '87, Smith Family, Jane Doe) Maximum 75 characters (including spaces).

☐ **General Donation: $_____**

Signature:_____ **Date:** _____

Please make your cheque payable to : Bella Rose Arts Centre Society.