BELLA ROSE
Arts Centre

283 Thomas Raddall Drive P.O. Box 25136 Halifax NS B3M 4H4
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.

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

☐ **General Donation: $_____**

Payment Options:

☐ **Credit Card:**
Cardholder Name: _____

Card Number: _____ Expiry Date: _____
Card Type: Visa MasterCard American Express

☐ **Cheque:**
Made payable to the **Bella Rose Arts Centre Society**

Signature:_____ **Date:** _____

The Bella Rose Arts Centre is a registered charity and tax recipts will be issued upon receipt of donation.