



TILE DONATION

ALL TILE (DIABLO RED ONLY) 6X6 SIZE WITH 1/2" MIN. MARGIN ON ALL EDGES LETTERING TO BE EITHER NO LESS THAN A" AND NO MORE THAN 1/2" HIGH, TBD BY TILE DESIGNER

**FOUR LINES MAXIMUM
MAX. 12 CHARACTERS/SYMBOLS/SPACES
PER LINE ALL TEXT IN CAPS/CENTERED**

Line 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Line 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Line 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Line 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DONOR INFORMATION

Name: _____

Address: _____

Phone: _____ E-Mail: _____

Donation Level: \$750 ___ \$500 ___ \$250 ___ ID# _____
(\$750 tiles are closest to the Theatre entrance)

DATE: _____ METHOD of PAYMENT: Cash: _____ Check #: _____

Credit Card: Type of Card: _____ Card #: _____ Exp Date: _____

Security Code: _____ Billing Address Zip Code: _____

THANK YOU FOR SUPPORTING THE ETPA!

Return form and your donation to: ETPA, 229 S. Broadway, Coos Bay, OR 97420