



# 609 Main Street

colonial theater block redevelopment

**YES! I want to support the redevelopment of the Colonial Theater in Laconia, NH!**

DONATION AMOUNT \$ \_\_\_\_\_

### DONOR INFORMATION

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

COUNTRY \_\_\_\_\_ PHONE \_\_\_\_\_

*Please make check payable to the Cultural Arts Center of the Lakes Region, Inc. (CACLR)*

*Mail c/o Belknap EDC 383 S. Main Street Laconia, NH 03246*

### PAYMENT INFORMATION

CARDHOLDER'S NAME \_\_\_\_\_

CREDIT CARD NUMBER \_\_\_\_\_

CREDIT CARD TYPE VISA AMEX DISCOVER MASTERCARD

CREDIT CARD EXPIRATION \_\_\_\_\_

### BILLING INFORMATION

Check if billing information is the same as donor information

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

COUNTRY \_\_\_\_\_

*Is your gift in honor or memory of someone special? Please enter their name below, along with information for the person to be notified of your gift.*

HONOR/MEMORIAL NAME \_\_\_\_\_

NOTIFY NAME \_\_\_\_\_

ADDRESS LINE 1 \_\_\_\_\_

ADDRESS LINE 2 \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

COUNTRY \_\_\_\_\_

