



YES! I wish to support the Opera Atelier Versailles Gala 2019 with a charitable donation.

I would like to make a gift of _____

I wish to make the above gift in monthly instalments* of _____

** Monthly donations will be charged on the 24th of each month until Opera Atelier is notified of any change.*

Please contact me about making a gift of securities

My employer will match my gift.

Please contact _____ at _____ for information.

Name: _____

Title: _____ Company: _____

Address (Home / Work): _____

City: _____ Prov: _____ Postal: _____

Phone (Home / Work / Cell): _____ Email: _____

Program book name: _____ I wish to remain anonymous

Method of Payment:

Cheque (payable to Opera Atelier) **OR** VISA MasterCard American Express

Card Number: _____ Expiry Date: _____ cvv: _____

Name on card: _____ Signature: _____

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