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Thank you for generously donating to Ocala Civic Theatre.  
Please complete the form below and mail to:

**Ocala Civic Theatre**  
**4337 E. Silver Springs Boulevard • Ocala, Florida 34470**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

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**Please let us know your preference:**

You may display my name and donation amount in publications.

List my name (or family's name) as follows in print:

\_\_\_\_\_

I wish my gift to be anonymous.

I work for or am retired from a company which will match my donation. Please contact me.

**I would like to give at the following level:**

\$1,000

\$500

\$250

\$100

Other: \_\_\_\_\_

**I would like to direct my gift to the following:**

General Support

Scholarships

Endowment

Education

Other: \_\_\_\_\_