

EGYPTIAN THEATRE TILE DONATION

All Tile (Diablo Red Only) 6x6 Size with 1/2" min. margin on all edges
Lettering to be either no less than 3/8" 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: _____

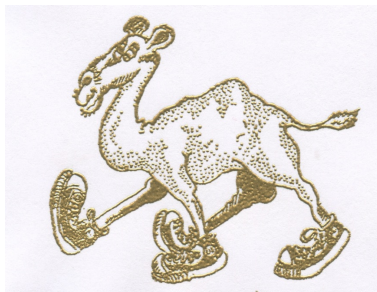


Donation Level: \$750 ___ \$500 ___ \$250 ___ ID# _____
(\$750 tiles are closest to the Theatre entrance)

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

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

Security Code: _____ Billing Address Zip Code: _____



THANK YOU FOR SUPPORTING ETPA!

Return form and your donation to: ETPA, 255 N. Broadway, Coos Bay, OR 97420