

# 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!**