

Donation Form



Lebanon Catholic Musical Theater

Once On This Island

Donor Information (please print or type)

Name _____

Billing address _____

City, ST Zip Code _____

Phone 1 | Phone 2 _____

Fax | Email _____

Donation Information

I (we) donate a total of \$ _____

I (we) plan to make this contribution in the form of: cash check

Donation enclosed Donation will be sent in to office Donation will be sent in with student

Acknowledgement Information

Please use the following name(s) in all acknowledgements: _____

I (we) wish to have our gift remain anonymous.

Signature(s)

Date

Please make checks, corporate matches,
or other gifts payable to:

Lebanon Catholic School

In memo box, please put: Musical Theater

Lebanon Catholic Musical Theater
1400 Chestnut Street
Lebanon, PA 17042