



**YES! I WISH TO
RENEW MY GIFT TO
MANITOBA OPERA**

My gift last year was:

\$

Consider a monthly gift of:

\$

In recognition of the very important role our donors play, we provide the following benefits:

**FRIENDS BENEFITS
2009/10**

CONTRIBUTOR \$50 to \$99

- A charitable tax receipt for income tax purposes
- Recognition in programme donor listings
- A subscription to *Aria*, the newsletter for Manitoba Opera audiences
- Ticket Priority: Opportunity to purchase additional single tickets before they are available for sale to the general public

SUSTAINER \$100 to \$249

All of the above plus...

- An invitation to attend a Sitzprobe (*orchestra and singers rehearsal*)

SUPPORTER \$250 to \$499

All of the above plus...

- A subscription to *Opera Canada* magazine

BENEFACTOR \$500 to \$1,249

All of the above plus...

- Two passes to a rehearsal
- A souvenir of the season

Please ensure that the information below is correct or indicate any changes required:

E-MAIL: _____

- Please list my name in the programme as above, or
- I wish to remain anonymous.
- I have remembered Manitoba Opera in my will.

My total tax deductible donation is: \$ _____

MONTHLY DONATIONS

I would like to make a monthly donation of:

- \$10/month \$25/month \$45/month Other \$ _____ /month
- Sustainer Supporter Benefactor*

PAYMENT INFORMATION

- Please debit my bank account (monthly donations)

Please enclose a personalized cheque marked void for the account you wish Manitoba Opera to debit.

I hereby request and authorize Manitoba Opera, or its agent TelPay Bill Payment Services, to debit payments authorized by me from the chequing account noted on the enclosed VOID cheque. Notice of cancellation of this authorization may be made by me at any time. Such notice shall not have an effect of debits made prior to cancellation. Should your account have more than one signing authority, all signatures are required below.

SIGNATURE: _____

SIGNATURE: _____

- I have enclosed a cheque(s) payable to Manitoba Opera
- Please charge my credit card
- VISA MasterCard American Express

CARD #: _____

EXPIRY DATE: _____ / _____

SIGNATURE: _____

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