

# Donation Form



## Lebanon Catholic Musical Theater

### *Leader of the Pack*

#### 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

**\*\*NOTE:** No tax credit will be given for this donation. If one is desired, please contact the school office so that a 501c-3 form can be issued.\*\*

#### 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