

2024 / 2025 City Builder Membership



Please send completed form to Leslie Francombe at lfrancombe@canadianstage.com

Company Name

Recognition Name (for program listings)

Mailing Address

Street Address

Suite/Apt #

City

Province

Postal Code

Contact Name

Contact Title

Contact Email Address

Contact Phone Number

Membership Level (Please check one)

Principal - \$10,000

Partner - \$5,000

An invoice will be issued for your contribution. Please provide the following information for the recipient.

Name

Title

Email Address

Payment

In _____ installments over _____ months paid by May 1st, 2025

One-time payment made within 30 days of invoice

Upon payment, please issue a:

Business Receipt for the full amount

Charitable Tax Receipt for the maximum amount allowable (benefit value deducted)

Signed

Date

Additional information/comments: