

Legacy Star Campaign Order Form

City State Zip Email Phone Legacy Star Selection Number of 6 inch stars at \$2,500.00 each: Number of 9 inch stars at \$5,000.00 each: Number of 12 inch stars at \$10,000.00 each: Total Paid: \$ *I would like to donate an additional gift of \$ *The full amount of your payment is tax-deductible EXACT NAME & message to appear on the Legacy Star(s) We gladly accept Visa, Mastercard, and American Express: Card # Exp. Date:	Name		
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Card # Exp. Date:	We gladly accept Visa, Masterca	ard, and American Expre	ess:
	Card #	Exp	. Date:
Please make <i>checks</i> payable and mail to: Stadium Theatre Foundation - 28 Monument Square, Woonsocket, RI 02895			oonsocket DI 02805

Thank You for your Support! The Stadium Theatre Business Development Manager will contact you to finish processing your order.