



Legacy Star Campaign Order Form

Name _____

Address _____

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: _____

Please make *checks* payable and mail to:

Stadium Theatre Foundation - 28 Monument Square, Woonsocket, RI 02895

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