



## TIFF Bell Lightbox Cinema Seat Dedication

Name a seat in a world-class cinema, and help bring the power of film to life!

We'll put your tax-deductible gift to work immediately. Your donation will help us continue to offer free educational programming for film-lovers of all ages; protect (and project!) the treasures of film history; engage artists to push the boundaries of cinema; and champion filmmaker development.

Seat dedication can celebrate your family, friends, or business, commemorate a special occasion, or honor the memory of a loved one. It's the perfect gift for anyone who believes in the power of film, and your seat dedication continues for a 10 year period.

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Yes! I want to help TIFF bring the power of film to life by dedicating a cinema seat.

Name:

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Address:

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City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address:

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This donation is on behalf of a business.

Business Name:

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I would like to name a cinema seat\* in:

- |   |   |
|---|---|
| <input type="checkbox"/> Cinema 1 (\$5,000) | <input type="checkbox"/> Cinema 3 (\$5,000) |
| <input type="checkbox"/> Cinema 2 (\$5,000) | <input type="checkbox"/> Cinema 4 (\$2,500) |



# TIFF Bell Lightbox Cinema Seat Dedication

Name on seat plaque:

\_\_\_\_\_

(maximum of 50 characters, including spaces)

\* Pledges must be paid within 2 years with the opportunity to renew after 10 years. Your seat dedication will continue for a 10-year period.

Please choose one of the following payment options:

### (1) One-time payment

Here is one-time donation of: \$ \_\_\_\_\_

My cheque made payable to TIFF is enclosed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please charge my credit card:  VISA  MasterCard  American Express

Name on Credit Card:

\_\_\_\_\_

Card Number: \_\_\_\_\_

Exp \_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### (2) Monthly donation

Cinema 1, 2 or 3 (\$208.34/month over 2 years)  Cinema 4 (\$104.17/month over 2 years)

Other monthly amount \$ \_\_\_\_\_/month

I authorize TIFF to charge the amount specified above to my credit card on the 1<sup>st</sup> business day of each month:  VISA  MasterCard  American Express

Name on Credit Card:

\_\_\_\_\_



## TIFF Bell Lightbox Cinema Seat Dedication

Card Number: \_\_\_\_\_

Exp \_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

How would you like your donation to be recognized in our Annual Report, Donor Wall and 180 Guide?

Same as seat plaque

I would like to remain anonymous.

Other: \_\_\_\_\_

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Please return this completed form in confidence to:  
Samantha Summers, Manager, Individual Giving  
TIFF | Reitman Square, 350 King Street West | Toronto, Ontario | M5V 3X5  
T: 416-599-8433 ex.3239 F: 416-967-9477 E: ssummers@tiff.net