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Please complete the form below and mail to:

Ocala Civic Theatre
4337 E. Silver Springs Boulevard
Ocala, Florida 34470

Name: _____

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Please let us know your preference:

- You may display my name and donation amount in publications.

List my name (or family's name) as follows in print:

- I wish my gift to be anonymous.
- I work for or am retired from a company which will match my donation. Please contact me.

I would like to direct my gift to the following:

- General Operating Expenses
- Youth Programs
- Endowment Fund
- New Building Fund
- Other: _____