

**ROSELAND THEATRE  
DIGITAL CAMPAIGN DONATION FORM**

I/we wish to support the Roseland Theatre's digital projection campaign to assure that first-run, foreign, and independent motion pictures and other on-screen entertainment venues are available in our community. Please dedicate the enclosed contribution in support of the following:

**GENERAL CONTRIBUTION**

**General Contribution in Support of Digital Projection and Sound System.** Contributors will be invited to one or more of our digital premiere shows and we'll recognize your contribution.

\$25       \$50       \$75       \$100       \$150       \$200

Other (specify) \$ \_\_\_\_\_

**SOUND SYSTEM SPONSORSHIP**

We invite you to sponsor one or more of the speakers that will be part of the 7.1 digital sound system. In recognition of sponsorship, a recognition plate will be placed on or below each sponsored speaker. Each individual, business, or organization sponsoring a speaker will also be recognized on a wall plaque diagram of the speaker system to be displayed in our inner lobby. And, of course, we'll invite you to one or more of our digital premiere shows and recognize your contribution.

- Main Auditorium Surround Speaker(s) @ \$350 (12 Sponsorships Available)
- Balcony Surround Speaker(s) @ \$250 (3 Sponsorships Available)
- Subwoofer Speaker(s) @ \$1,000 (4 Sponsorships Available)
- Sound System Amplifier(s) @ \$1,000 (7 Sponsorships Available)
- Stage Speaker(s) @ \$2,000 (1 Sponsorship Available)

If all sponsorships for a category are committed, we will contact you for an alternate choice.

Name(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail \_\_\_\_\_

Phone(s) \_\_\_\_\_

Additional Info (In Honor, In Memory, Organizational Motto, Etc.) \_\_\_\_\_

Mail this form and your payment to:  
**ROSELAND THEATRE DIGITAL CAMPAIGN**  
PO BOX 178  
ONANCOCK, VA 23417-0178

Make checks payable to:  
**ROSELAND THEATRE**  
and note "DIGITAL CAMPAIGN"

For accounting purposes, these donations are not tax-deductible.

**Credit Card One-Time Payments**       VISA       MasterCard       Discover

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_

CVV \_\_\_\_\_ (3 digit code on back of card)      Name on Card \_\_\_\_\_

Credit Card Authorized Signature: \_\_\_\_\_

**Thank You for Your Support!**