



Registration form: **Write for Your Life**

First Name: _____

Last Name: _____

Address: _____

Phone: _____

e-mail: _____

Amount of donation: _____

Please make your check out to **Rosendale Theatre Collective** and mail the check and this form to:

Rosendale Theatre Collective
PO Box 250
Rosendale, NY 12472

Thank you for your donation to the Rosendale Theatre Collective. The support of friends and neighbors like you will make it possible to reach our goal of preserving and enhancing the Rosendale Theatre.

For more information and to keep up with our progress please visit our website regularly at:

www.rosendaletheatre.org