

REELOUT II

QUEER FILM + VIDEO FESTIVAL

Name _____

Address _____

Email _____

Phone () _____



Please Check All That Apply:

- Yes! I would like to purchase a membership for \$10
- Yes! I would like to make a personal tax deductible donation of \$_____

\$10 Annual Membership Fee \$_____

Amount of Personal Donation \$_____

(Note: this amount **only** will appear on your charitable tax receipt)

Total Amount of Cheque: \$_____

Cheques are to be made out to REELOUT ARTS PROJECT INC. and can be mailed or dropped off to the address below. Charitable Tax Receipts apply to Personal Donations only. Sponsorship and Membership dollars do not qualify for a charitable tax receipt.

Reelout Arts Project Inc.
336A Barrie Street
Kingston, ON
K7K 3T1
www.reelout.com

Membership and/or Donation Form
(can be printed in colour or black & white)