

PO Box 545 | 212 W. 8th St. Coffeyville, Kansas 67337

Thank you for your generous contribution to The Midland Theater Foundation. As part of our commitment to recognizing those who support our mission, we offer the opportunity for donor recognition across various platforms and media. Please complete this form to indicate your preferences regarding how you would like to be recognized.		
Donor Information (As you would like it to appear for recognition purposes):		
Name of Donor (Individual/Organization/Business)		
Contact Person (if applicable)		
Address, City, State & Zip		
Phone # Email		
Recognition Preferences		
Public Recognition:		
Please select your preference regarding public recognition, including social media, newspapers, public events, fundraising events i.e. Vaude in the 'Ville, etc.:		
Yes, I/we would like to be publicly recognized. No, I/we prefer to remain anonymous.		
Please list the name exactly as you would like it to appear:		

Printed Name(s)

Printed Name(s)

Donor Recognition Release

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Recognition Wall at the Midland Theater:

Upon completion of the construction, a recognition wall will be created to honor our donors. Please select your preference:

Yes, I/we would like to be publicly recog	gnized. No, I/we prefer to remain anonymous.
If you have selected to be recognized publicly or own would like on the plaque:	on the recognition wall, please provide the exact wording you
(Examples: "In Memory of John Doe", "The Doe F	Family", "XYZ Corporation")
Recognition Plaque Details (if applicable)	
Additional Notes or Instructions: If you have any additional preferences, notes, or i	nstructions, please provide them here:
Authorization: By signing below, I/we confirm that the information regarding donor recognition by The Midland Thea	n provided above is accurate and reflects my/our wishes iter Foundation.
Printed Name	Date
Signature of Donor (Individual/Authorized	Representative)

Please return this form to:

The Midland Theater Foundation PO Box 545 Coffeyville, KS 67337