

Dear Chickasha Community Theatre supporter,



Chickasha Community Theatre counts on you, the community, for support of the arts. Membership and program advertising help sustain us throughout the year, as do our other fundraising activities. We have listed options for various support. Individual membership entitles you to one discounted ticket per show. Family membership entitles you to multiple discounted tickets per show. If you are interested in any of the options listed just add that amount to the column on the right and total them up!

We ask that we receive these forms by February 1st if possible in order to include names of membership and advertisers in our first Spring program. But of course we will accept and be grateful for them any time!

Thank you again for your continued support.

Sincerely,

Chickasha Community Theatre Board of Directors

Name _____ Address _____ Phone _____ Email address _____	Please remit to: Chickasha Community Theatre PO Box 1687 Chickasha, OK 73023 Credit card option below.	Questions? Contact Kristy at 405-574-2256
Annual Membership (15% discount on tickets) \$ _____ \$30 Family Print legibly name(s) to be printed in program _____ \$15 Individual Print legibly name to be printed in program _____ \$ _____		
Program advertising Your ad will be printed in over 2,000 programs this year. \$ _____ \$150 ¼ page ad \$250 ½ page ad \$350 full page ad Check here to use previous program ad ___ or attach new ad. (please include any new ad copy with your payment)		
Season sponsor (does not include membership) \$ _____ \$100 - Name listed on a plaque in the lobby Print legibly name to be printed on plaque _____		
Seat plaques \$ _____ \$150 - Name listed on a plaque on a seat in the auditorium Print legibly name to be printed on plaque _____		
Sidewalk Squares \$ _____ \$1000 16"x16" \$2500 24"x24" Print legibly name to be printed on sidewalk square _____		
GRAND TOTAL \$ _____		

I am interested in volunteering this year in _____ crew _____ set construction _____ costumes _____ directing _____ front of house _____ other (please specify other) _____

Credit Card Payment (Visa, American Express, MasterCard, Discover)

Name on Card: (Please Print) _____

Credit Card #: _____ Exp. Date: _____ Billing Zip code: _____ CVC: _____

*Please note, there will be a 5% convenience fee added for all credit card contributions.

Signature of Card Holder: _____