

Little Town Players 2009-2010 Individual Ticket and Support Options

Please read the reverse side of this card carefully

Section A: Individual Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Day: _____

Evening: _____

E-Mail: _____

Section B: Contribution*

Check the contribution level you wish and enter the amount you wish to contribute:

Angel (\$500 or more)

Patron (\$100-\$499)

Sustainer (\$75-\$99)

Backer (\$50-\$74)

Friend (\$25-\$49) \$ _____

If you have made a contribution, your name will be listed in our programs. Please print your name as you wish it to appear. Print "NONE" if you do not wish to be listed.

Section C: Season Ticket Purchases

Number of Season Tickets _____ x \$40 \$ _____

Section D: Membership (please indicate type)

Name of Member	Active	Assoc
Total Active Members		
Total Associate Members		

Total Memberships _____ x \$5 \$ _____

Section E: Total

Sections B + C + D \$ _____

If you wish to pay by credit card, please provide the following information:

Check One: Visa Mastercard Discover

Card Number: _____

Expiration: _____ / _____ 3-Digit Code: _____
Month / Year (Found on Back of Card)

**Little Town Players is a 501(c)(3) corporation and your contribution may be tax-deductible*