

Order Form:

Print and mail this form with your payment to:

ACT
PO Box 171
Auburn KS 66402-0171

Your membership will be processed and information returned in the mail to you.
Thank you for supporting ACT!

Name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Check or Money Order

or

Charge to: Visa MasterCard Discover American Express

Name on Account _____

Account # _____ Exp Date __/__/____

Three digit security code found on the back side of your card _____

Signature _____

Number of Season Tickets

Show Only _____ x \$50 = \$ _____

Dinner and Show _____ x \$110 = \$ _____

Additional Donation (see below) \$ _____

Total amount enclosed \$ _____

In addition to my season tickets I would like to become an ACT Star. I have enclosed an additional donation. Please list me as a:

- | | | | | | |
|-----------|---------|--------------------------|------------|----------|--------------------------|
| Friend | (\$25) | <input type="checkbox"/> | Patron | (\$500) | <input type="checkbox"/> |
| Helper | (\$50) | <input type="checkbox"/> | Sustainer | (\$1000) | <input type="checkbox"/> |
| Donor | (\$100) | <input type="checkbox"/> | Benefactor | (\$2500) | <input type="checkbox"/> |
| Supporter | (\$250) | <input type="checkbox"/> | Angel | (\$5000) | <input type="checkbox"/> |

See the Stars page for specific benefits to each category. We will contact you regarding program listings, additional tickets or other benefits.