

## 2011 Auburn Community Theater Season Tickets

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Please contact me about volunteer opportunities:

Number of Season Tickets

Show Only \_\_\_\_\_ x \$50 = \$ \_\_\_\_\_

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

Additional *Star* 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)
- Helper (\$50)
- Donor (\$100)
- Supporter (\$250)
- Patron (\$500)
- Sustainer (\$1000)
- Benefactor (\$2500)
- Angel (\$5000)

See description on back of this page for benefits of each category. We will contact you regarding program listings, additional tickets or other benefits.

### Payment Information

Check or Money Order  (payable to ACT)

Charge to    

Name on Account \_\_\_\_\_

Account # \_\_\_\_\_ Exp Date \_\_\_\_/\_\_\_\_

Three digit security code on the back of your card \_\_\_\_\_

Signature \_\_\_\_\_

Please return this form with your payment

to:

ACT

PO Box 171

Auburn KS 66402-0171

Your membership will be processed and information returned to you in the mail.

Proud Member of

**aact**  
AMERICAN ASSOCIATION  
OF COMMUNITY THEATRE

*Improving Communities  
One Theatre at a Time*

**Thank you for supporting ACT!**