



CenterStage
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Lake Forest, IL 60045

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CENTERSTAGE MEMBERSHIP FOR 2006

Name: _____

Street Address: _____

Town: _____ State: _____ Zip code: _____

Telephone number: _____

E-mail address: _____

Membership benefit levels:

\$25 + : Your name in each show program in 2006
Priority seating for each production

\$100 + : Name in program, priority seating, and ONE ticket to each show

\$250 + : Name in program, priority seating, and TWO tickets to each show

\$500 + : Name in program, priority seating, and FOUR tickets to each show

For priority seating, contact me by (circle one): e-mail phone US mail

Total amount donated: \$ _____

Enclosed check: \$ _____

Credit card: \$ _____

Name on card: _____

Circle one: Visa MasterCard Card #: _____

Billing address (if different from above mailing address):

Card expiration date: _____

Please mail this form along with your donation to:

CenterStage
Gorton Community Center
400 Illinois Road
Lake Forest, IL 60045

Thank you for supporting your community theatre!