

THEATRE 40

SUBSCRIPTION ORDER FORM

Please complete this form and mail to:
Theatre 40, P.O. Box 5401, Beverly Hills, Calif. 90210
Make Checks payable to Theatre 40



Name _____

Address _____

City _____

State _____ Zip _____

Home phone _____ Bus phone _____

Please include Your **Email address** _____

PLEASE CHECK all that apply

- Current subscriber, please renew This is a new address
 Lapsed subscriber, please renew I am a new subscriber

I would like to subscribe:

- 2010-2011 SEASON PACKAGE**
All 7 plays - # of subscriptions ____ @ \$145 each = _____

Theatre 40 would be honored to have you
become a ... (Please check one):

- Patron: \$600 - \$850 _____
 Sponsor: \$851 - \$1,500 _____
 Angel: \$1,501 - \$2,500 _____
 Founder: \$2,501 and above _____

- I am including a **Tax Deductible Gift**
to commemorate the 45th Anniversary _____

Credit card users add \$3 per seat _____

TOTAL _____

I wish to pay by: Check Visa Mastercard AMEX

Card # _____ Exp. Date _____

3-digit Security # _____ Signature _____

THANK YOU!