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**SALINA
COMMUNITY
THEATRE**
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- When you've completed your order form, please return to:
Salina Community Theatre | PO Box 2305 | Salina, KS 67402-2305
- You may also place your order by calling **785.827.6126**
or order online at **salinatheatre.com**

SUBSCRIBER/DONOR INFO

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE _____ EMAIL ADDRESS _____

2015-16 SEASON SUBSCRIPTIONS PRICES INCLUDE TAX

- Please send _____ Full Season tickets at **\$140.00** each
for all 7 MainStage productions.
- Please send _____ Select Season tickets at **\$100.00** each
for any 4 MainStage productions.

MEMBERSHIPS

SALINA COMMUNITY THEATRE

CENTER FOR THEATRE ARTS

- | | |
|--|---|
| <input type="checkbox"/> Producer (\$1000+) | <input type="checkbox"/> Archangel (\$500+) |
| <input type="checkbox"/> Director (\$500-\$999) | <input type="checkbox"/> Guardian Angel (\$250-\$499) |
| <input type="checkbox"/> Guarantor (\$250-\$499) | <input type="checkbox"/> Angel (\$100-\$249) |
| <input type="checkbox"/> Advocate (\$100-\$249) | <input type="checkbox"/> Cherub (\$25-\$99) |
| <input type="checkbox"/> Benefactor (\$35-\$99) | |

My Playbill listing should read:

PAYMENT

Total donations _____ Total amount for subscriptions and donations _____

- Check enclosed Bill me
- Charge my: Visa Mastercard Discover American Express

CARD NUMBER _____ EXPIRATION DATE _____

SIGNATURE _____