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**SALINA
COMMUNITY
THEATRE**
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I When you've completed your order form, please return to:

Salina Community Theatre | PO Box 2305 | Salina, KS 67402-2305

I 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 _____

2017-18 SEASON SUBSCRIPTIONS PRICES INCLUDE TAX

Please send _____ Full Season tickets at **\$150.00** each
for all **7** MainStage productions.

Please send _____ Select Season tickets at **\$105.00** each
for any **4** MainStage productions.

MEMBERSHIPS

SALINA COMMUNITY THEATRE

CENTER FOR THEATRE ARTS

- Producer (\$1000+)
- Director (\$500-\$999)
- Guarantor (\$250-\$499)
- Advocate (\$100-\$249)
- Benefactor (\$35-\$99)

- Archangel (\$500+)
- Guardian Angel (\$250-\$499)
- Angel (\$100-\$249)
- Cherub (\$25-\$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 _____