



SALINA
COMMUNITY
THEATRE

DONOR INFORMATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE _____ EMAIL ADDRESS _____

DONATIONS to SALINA COMMUNITY THEATRE

SALINA COMMUNITY THEATRE

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

CENTER FOR THEATRE ARTS

- Archangel..... \$500
- Guardian Angel.. \$250-\$499
- Angel \$100-\$249
- Cherub \$25-\$99

My playbill listing should read:

PAYMENT

Donation Total _____

- Check enclosed
- Charge my credit card

CARD NUMBER _____ EXPIRATION DATE _____ 3DIGIT CODE _____

SIGNATURE _____

THANK YOU FOR YOUR GIFT!