

YES, I WILL SUPPORT THE LEWISTON CIVIC THEATRE!

Name: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer / Business: \_\_\_\_\_ Position / Title: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Personal or Business name as you wish it to appear: \_\_\_\_\_

## MEMBERSHIP LEVELS

What membership level would you like?

Crew Member (Recognition in Programs)  \$30Understudy (2 tickets)  \$50Cast Member (4 tickets)  \$100Director (2 season passes)  \$250Producer (2 season passes & events)  \$500

*All membership levels receive.*  
Eligibility to **vote** for board members at our annual meeting and **recognition** in production playbills.

I/We have enclosed a gift of \$ \_\_\_\_\_

I/We pledge an additional \$ \_\_\_\_\_ balance to be paid (date) \_\_\_\_\_ or by May 30

I wish to be a DONOR (donations are tax deductible): \_\_\_\_\_

## METHOD OF PAYMENT

Please select one:  Credit card  Contact US  Cash  Check

If using a credit card:

 Visa  Mastercard

Card No: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3 Digit Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Please make checks payable to  
Lewiston Civic Theatre.If you have any questions, please call the  
Box Office at **208-746-3401** or e-mail  
**lctboxoffice@gmail.com**

LEWISTON CIVIC THEATRE

PO BOX 1697

Lewiston, ID 83501

## DOUBLE YOUR GIFT!

Many companies support via matching gift programs. You can double or even triple your gift to the Lewiston Civic Theatre! Please contact your employer's Human Resources Office for details.

 Yes, my employer is part of the Matching Gift Program.