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Fresh... Fun... Contemporary Theatre!

ACTORS' THEATRE COLLEGIATE SUBSCRIPTION FORM\*

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

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

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

Phone: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Season Tickets: Number of Subscriptions: \_\_\_\_\_ x \$75 = \$\_\_\_\_\_.

Total Subscription Amount: \$ \_\_\_\_\_

Please bill my subscription in 12 monthly payments (e.g. - \$6.25/month) to my credit card, listed below.

Become an Actors' Donor!

Your contributions are critical and will be recognized in our programs throughout the season!

- Directors' Circle : \$1000+ (\$83.33 monthly)
Life Partner : \$501+ (\$41.75 monthly)
Main Squeeze : \$351+ (\$29.95 monthly)
Significant Other: \$201+ (\$16.75 monthly)
Lover : \$101+ (\$8.42 monthly)
Friend : \$51+ (\$4.25 monthly)
Buddy : under \$50

Additional Donation:

- Yes! I would like to make a donation of: \$\_\_\_\_\_
 I would like to pledge a donation of: \$\_\_\_\_\_

I/We would like to be acknowledged in the program and website as:

\_\_\_\_\_

Payment Method

- Personal Check, made payable to Actors' Theatre Company
 Visa  MasterCard

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

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

Please remit a copy of your current Student ID or a recent student loan statement\* along with this form and payment to:

Actors' Theatre, 143 Bostwick Avenue NE, Grand Rapids, MI 49503-3201
Business Office: (616) 234-3968 | Box Office: (616) 234-3968

\*Must be under 27 years of age and possess proof of current student status or outstanding education loan obligations