HERSHEY THEATRE GUILD MEMBERSHIP APPLICATION

Please return to Hershey Theatre, 15 East Caracas Avenue, Hershey, PA 17033

Name ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Mr. & Mrs. _____

Name as you wish in program listing _____

Address _____

City _____ State _____ Zip _____

Telephone (Day) _____ (Evening) _____

E-mail _____

I am pleased to contribute $_____

☐ **Producers Circle** ($10,000+)
☐ **Directors Circle** ($5,000 - $9,999)
☐ **Donors Circle** ($2,500 - $4,999)
☐ **Star Billing** ($1,000 - $2,499)
☐ **Leading Role** ($750 - $999)
☐ **Supporting Role** ($500 - $749)
☐ **Scene Stealer** ($250 - $499)
☐ **Theatre Buff** ($100 - $249)

Please charge my ☐ Visa ☐ Mastercard ☐ Discover ☐ American Express

Card Number

Credit Card ID#
(Last 3 digits of number located on back of Visa, Mastercard, and Discover card in the signature area.)

Exp. date _____

Signature _____

☐ I am enclosing a check/money order payable to Hershey Theatre

Join us NOW. Membership benefits are available throughout the season and are renewable at yearly intervals.

Official Use Only