



## MARBLEHEAD LITTLE THEATRE 2007-2008 Membership and Donation Form

- Producer** \$100,000 includes a lifetime Ensemble membership and your name on an individual donor plaque in the main theatre area. At this level, as available, there are room-naming opportunities, including the Main Theatre, the Dance Studio, Studios and the Garden Area.
- Director** \$25,000 includes a lifetime Ensemble membership and your name on an individual donor plaque in the Main Theatre area.
- Principal** \$5,000 includes a five year Ensemble membership and your name on the Principal Donors' plaque in the Main Theatre area. If you are among the first 100 contributors in this category, your name will be featured on a special Founders' plaque.
- Ensemble** \$1000 and over includes a one year Family membership, 4 premium tickets to each production, plus your name on the Donors' plaque in the Main Theatre Area.
- Archangel** \$500 includes a Family membership and 4 tickets to each show in the season.
- Angel** \$250 includes a Family membership and 2 tickets to each show in the season.
- Benefactor** \$125 includes a Family membership and 2 tickets to one show in the season.
- Donor** \$75 includes a Family membership and 1 ticket to one show in the season.
- Family** \$50
- Individual** \$30
- Junior/Senior** \$20 (*age under 19 or over 59*)
- Gift** any amount is welcome!

Membership amount: \_\_\_\_\_  
Donation amount:   + \_\_\_\_\_  
Total payment:       \_\_\_\_\_

Please check type of membership or gift above. Membership year runs September 1, 2007 until August 31, 2008. All amounts over \$100 are acknowledged in our programs\*.

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

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

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

Email: \_\_\_\_\_

\* Name as it should appear in program: \_\_\_\_\_

**Please enclose your check made out to "MLT", or if you would like to charge your donation, we accept MasterCard and Visa:**

Name as it appears on your credit card: \_\_\_\_\_

MasterCard    Visa   Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ MM   YY

**Please send completed form to: MLT – Membership, 12 School St., Marblehead, MA 01945**