

★IMAGINATION★ ★THEATER★

IT! Sponsor Form

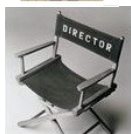
Place a check next to
your chosen level













Levels of Support	Gift Ranges	Complimentary Season Tickets
Stage Crew	\$60-159 year	1
Stage Manager	\$15-24 month or \$160-299 year	2
Actor	\$25-44 month or \$300-499 year	3
Music Director	\$45-84 month or \$500-999 year	4
Director	\$85-209 month or \$1000-2499 year	6
Producer	\$210+ month or \$2500+ year	8

Name/Business _____

Address _____

Phone _____ E-mail _____

Gift amount \$ _____ (circle one) Monthly Quarterly Annually

Check _____ Cash _____ Visa _____ Mastercard _____

Account number _____ exp _____

I authorize Imagination Theater to charge my credit card in the amounts and at the times specified above. I may revoke this permission at any time by calling the box office.

Signed _____ Date _____

phone 530-642-0404 * mail PO Box 3303 Diamond Springs CA 95619 * fax 530-621-7146