

2016-2017 SEASON TICKET ORDER FORM

Please select the number of season tickets you would like below. To join SCT's Patron/Sponsor Program for a tax-deductible donation, choose among the levels of giving detailed below.

2016-2017 Season Ticket (\$50 each)

I would like _____ season tickets at \$50 each = \$ _____

Patron/Sponsor Program

I wish to become a Patron/Sponsor of SCT at the following level:

Patron (\$100 - \$499) \$ _____
Silver Patron (\$500 - \$999) \$ _____
Gold Patron (\$1,000 - \$1,499) \$ _____
Platinum Patron (\$1,500 - \$1,999) \$ _____
Season Sponsor (\$2,000-\$2,499) \$ _____
Production Sponsor (\$2,500+) \$ _____

(Optional) I would like \$ _____ of my Patron/Sponsor donation to be earmarked for the Mary Eleanor Anderson Scholarship Fund.

Name _____
Address _____
City _____ State _____ Zip _____
Email _____

Method of Payment

Check enclosed in the amount of \$ _____

Please bill my (select one): _____ VISA _____ MASTERCARD
_____ AMERICAN EXPRESS _____ DISCOVER

in the amount of \$ _____
Cardholder Name _____
Card Number _____ Exp. Date: _____

Complete and drop off at the Playhouse on Main or mail to:
Starkville Community Theatre
P.O. Box. 1254
Starkville, MS 39760

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