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	s at \$50 each	= \$
Patron/Sponsor Program		
I wish to become a Patron/Sponsor of		
Patron (\$100 - \$499)		\$
Silver Patron (\$500 - \$999)		\$
Gold Patron (\$1,000 - \$1,499)		\$
Platinum Patron (\$1,500 - \$1,99	9)	\$
Season Sponsor (\$2,000-\$2,499)		\$
Production Sponsor (\$2,500+)		\$
(Optional) I would like \$ be earmarked for the Mary Eleanor A	of my Patron Inderson Sch	Sponsor donation to olarship Fund.
Name		
Address		
City	State	Zip
Email		
Method of Payment Check enclosed in the amount of \$		
Check enclosed in the amount of \$		MASTERCARD
Method of Payment Check enclosed in the amount of \$ Please bill my (select one):AMERICAN	VISA	_ MASTERCARD
Check enclosed in the amount of \$ Please bill my (select one): AMERICAN in the amount of \$	VISA EXPRESS	_ MASTERCARD DISCOVER
Check enclosed in the amount of \$ Please bill my (select one): AMERICAN	VISA EXPRESS	_ MASTERCARD DISCOVER

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Patron/Sponsor Program	COOT 44 C	. 11 . 1 . 1
I wish to become a Patron/Spon		
Patron (\$100 - \$499) Silver Patron (\$500 - \$999	······	
Gold Patron (\$1,000 - \$1,4) 00)	⊅
Platinum Patron (\$1.500 - \$1.4	\$1 999)	 \$
Platinum Patron (\$1,500 - \$1,999) Season Sponsor (\$2,000-\$2,499)		\$ \$
Production Sponsor (\$2,50	2,422))()+)	\$ \$
be earmarked for the Mary Elec	anor Anderson Sch	olarship Fund.
be earmarked for the Mary Electrons Name	anor Anderson Sch	olarship Fund.
be earmarked for the Mary Elea NameAddress	anor Anderson Sch	olarship Fund.
be earmarked for the Mary Electors Name Address City	anor Anderson Sch	olarship Fund. Zip
be earmarked for the Mary Elea Name Address City Email	anor Anderson Sch	olarship Fund. Zip
be earmarked for the Mary Elea Name Address City Email Method of Payment	anor Anderson Sch	olarship Fund. Zip
be earmarked for the Mary Elea Name Address City Email Method of Payment Check enclosed in the amount of	anor Anderson Sch	olarship Fund. Zip
Name	State of \$VISA	olarship Fund. Zip MASTERCARI
NameAddress	anor Anderson Sch	olarship Fund. Zip MASTERCARI
NameAddress City Email Method of Payment Check enclosed in the amount of Please bill my (select one):AMER in the amount of \$	State State VISA RICAN EXPRESS	olarship Fund. Zip MASTERCARI
NameAddress	State State VISA RICAN EXPRESS	olarship Fund. Zip MASTERCARI

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