

2020 MEMBERSHIP CATEGORIES & BENEFITS

STAGEHAND | \$50 - \$99

Listing in Playbill
Invitation to Annual Meeting

CHORUS LINE | \$100 - \$249

All of the above plus:
One free parking voucher
One companion ticket for any show

UNDERSTUDY | \$250 - \$499

All of the above plus:
Free parking vouchers for the season

PRINCIPAL | \$500 - \$999

All of the above plus:
Two complimentary companion tickets for any show

2020 PRODUCERS CIRCLE CATEGORIES AND BENEFITS

STAR | \$1,000 - \$1,499

All of the above plus:
Name listing in the theatre lobby
Two complimentary tickets to attend Women Playwrights Initiative performances
A "Producers Circle" card entitling you to additional benefits at the theatre

BENEFACTOR | \$1,500 - \$2,499

All of the above plus:
An invitation for two to a special event during the season

PATRON | \$2,500 - \$4,999

All of the above plus:
Two complimentary 7-play season subscriptions

LIVING LEGEND | \$5,000 - \$9,999

All of the above plus:
A gift certificate for 12 tickets to the performance(s) of your choice
Use of the summer tent for a private event, schedule permitting

EXECUTIVE PRODUCER | \$10,000 and above

All of the above plus:
Other benefits designed especially for you – please call Jacqui Hubbard, Artistic/Executive Director, to discuss

To make a donation to the Ivoryton Playhouse Foundation, please send this completed membership form to:

Ivoryton Playhouse Foundation
P.O. Box 458
Ivoryton, CT 06442

Corporate sponsorships are available.
Please call 860.767.9520 for more information.

YES, I/WE WOULD LIKE TO DONATE TO THE IVORYTON PLAYHOUSE FOUNDATION

MEMBERSHIP

My/our annual gift of **membership** will be \$ _____

Total enclosed is \$ _____

I/We do not wish to become a member
but would like to make a donation of \$ _____

Check enclosed

Please charge my credit card

My/Our gift can be matched!
Please include the appropriate form from your employer
with your donation.

Gifts to the Ivoryton Playhouse are tax deductible to the extent permitted by law.

PLEASE PRINT YOUR NAME AS YOU WISH IT TO APPEAR IN OUR 2020 PLAYBILL

NAME

ADDRESS

CITY STATE ZIP

EMAIL DAY PHONE

PAYMENT INFORMATION

BY CHECK

Please enclose a check payable to **THE IVORYTON PLAYHOUSE FOUNDATION** and mail to **P.O. Box 458 | Ivoryton, CT 06442**
The Ivoryton Playhouse saves when you pay by check.

BY CREDIT CARD

MasterCard Visa Amex Discover
CARD # EXP. DATE CCID #

PLEASE CONTACT KRISTA AT 860.767.9520 x205 WITH ANY QUESTIONS