



OHIO COMMUNITY THEATRE ASSOCIATION

Patron Program Benefits for 2017

STANDING OVATION (\$250-UP)

Individual Patrons who donate at the Standing Ovation level will receive Bravo! level benefits plus have a table reserved in their name at the State Conference Sunday banquet, and may invite up to 7 guests to sit with them.

BRAVO! (\$100 - \$249)

Individual Patrons who donate at the Bravo! level will receive all general Patron benefits, and will be contacted by phone prior to State Conference to choose their reserved seating in advance.

CURTAIN RAISERS (\$50-\$99) or APPLAUSE (\$25-\$49)

Individual Patrons who donate at the Applause or Curtain Raisers level will receive all general Patron benefits, and can choose reserved seating after picking up their credentials at the State Conference.

OPENING KNIGHTS (\$10 - \$24)

Individual Patrons who donate at the Opening Knights level will receive all general Patron benefits which includes a yearly subscription to 'Cuelines' and listing on the Patron page of the newsletter and in our Annual Report. Donations are tax deductible. Patron payments are recorded on the calendar year, January 1 to December 31. Regional awards will be presented the following year after all payments are completed. Many employers have matching donation programs for non-profits, or volunteer hours - please check with your employer!

Name: _____ Email: _____

Address: _____ Phone: _____

City, State, Zip: _____

Theatre Affiliation: _____

Please check here if you wish your contribution to remain anonymous _____

Please check here if you would like to receive 'Cuelines' ONLY via EMAIL _____

** Paying with cash? Please enter here the exact amount you are enclosing _____ ** Paying by check? Please fill out this form, making the check out to 'Ohio Community Theatre Association', and include the check number here: _____ ***A \$35 fee will be charged for all returned checks.***

** Paying by credit card? Please fill out this form, print out and sign, and submit by mail.

Card Number _____ Expiration date _____ cvv# _____

Address _____ City, State, Zip _____

Signature _____ email (required for receipt) _____

Please mail this completed form with payment information to:
Aara Wise, Administrative Assistant,
464 Sherwood Downs Road S, Newark, OH 43055

Keep this part for your records: Date: _____
Check No. _____
Check Amount \$ _____
Credit Card Amount \$ _____
Name: _____

THANK YOU FOR YOUR SUPPORT!!