

THIS IS NOT A TICKET ORDER FORM

For Membership from July 1, 2017 through June 30, 2018

Name _____

Address _____

City, State, Zip _____

Phone _____ cell home office

Email _____

Please check if new address, phone or e-mail

___ Believer \$20 (Students) ___ Friend \$35 ___ Sponsor \$75* ___ Enthusiast \$150** ___ Angel: \$325***

2017-18 productions (Must join Friends of Theatre UNI before September 15, 2017)

The Aliens (\$20 regular ticket price)

Mother Courage (\$24 regular ticket price)

Hair (\$26 regular ticket price)

Doubt (\$20 regular ticket price)

If donating at the Sponsor level or above, indicate the number of tickets you plan to buy for these shows:

The Aliens: _____ tickets

Mother Courage: _____ tickets

Hair: _____ tickets

Doubt: _____ tickets

*Sponsor: 20% off up to 2 discounted tickets for all productions
 **Enthusiast: 30% off up to 2 discounted tickets for all productions
 ***Angel: 40% off up to 2 discounted tickets for all productions,

Please check here if you wish to donate without receiving any ticket discount.

Name as you would like it to appear in programs: _____

Amount of your gift: \$ _____

Payment by: Check - *made payable to UNI Foundation.*

Credit Card - Please charge my card \$ _____ beginning (mo/yr) ____/____
 (Complete card information at the bottom of the page.)

If you wish to join Friends without a discount on tickets, you may contribute online: visit www.uni.edu/theatre and click "Support" (enter your Friends donation amount, then click "I want to donate the entered amount(s) above")

Matching Gifts: My (or my spouse's) company, _____ (name) will match my gift.
 Please contact your HR office for details and the matching gift form to be submitted with your payment.

Signature _____

(Required for Credit Card Donations)

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Return to: UNI Foundation Financial Services, c/o Friends of Theatre UNI
 121 Commons, Cedar Falls, IA 50614-0239

(Credit Card information will not be kept on file.)

Card Type (circle one): ___ Visa ___ Master Card ___ Discover ___ American Express

Card #: _____ Expiration Date: _____