



Membership Form

Sign me up! I'm excited to be part of The Colonial Theater.

Name _____

Mailing Address _____

City _____

State _____ Zip _____

Phone (_____) _____ - _____

Email _____

Sign me up for:

_____ individual memberships at \$45 each

_____ family membership at \$90 includes _____ household members

Give the Gift of Membership to The Colonial Theatre!

Gift Recipient: _____

Address: _____

City: _____

State/Zip: _____

Phone (_____) _____ - _____

Email _____

would like to make an additional tax-deductible* gift in the amount of \$_____.

Payment Information:

Enclosed is my check for \$_____ made payable to Friends of The Colonial.

Charge to my: Visa MasterCard Discover America Express

Card # _____ Exp. date ____/____

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Please mail your payment with completed form to:
The Colonial Theatre, PO Box 204, Bethlehem, NH 03574

**NOTE: The Friends of the Colonial operates under the auspices of the Bethlehem Redevelopment Association. As such, your donation is tax deductible.*

Thank you for joining us!