



Gift Membership Form

Give the Gift of Membership to The Colonial Theatre!

Gift Recipient's Name: _____

Where should we send it? _____

City: _____

State/Zip: _____

Phone (_____) _____ - _____

Email: _____

Message: _____

Billing information:

Your Name: _____

Your Mailing Address: _____

City: _____

State: _____ Zip: _____

Phone (_____) _____ - _____

Email: _____

Choose Gift Membership Level:

Individual Membership: \$45

Household Membership: \$90. Includes _____ household members

Payment Information:

Enclosed is my check for \$ _____ made payable to **Friends of The Colonial**, or

Charge to my: Visa MasterCard Discover America Express

Card # _____ Exp. date _____ / _____ CSV # _____

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Please print and mail your completed form with payment to:

THE COLONIAL THEATRE
PO Box 204, Bethlehem, NH 03574