



## 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 \_\_\_\_/\_\_\_\_ CSV # \_\_\_\_\_

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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!**