

**Heart of America Shakespeare Festival
2007 FESTIVAL MEMBERSHIP FORM**

<u>Donation Levels</u>	<u>Benefit</u>
<input type="radio"/> \$50	Contribution to the festival
<input type="radio"/> \$75	2 Reserved Seats
<input type="radio"/> \$125	2 Reserved Seats / 1 Parking Pass
<input type="radio"/> \$250	4 Reserved Seats / 1 Parking Pass
<input type="radio"/> \$500	8 Reserved Seats / 2 Parking Passes
<input type="radio"/> \$1000	8 Reserved Seats / 2 Parking Passes / 2 Tickets to Opening Night

Party on June 22

My company has a matching gift program Company: _____

Please add \$_____ to support the Festival's Education Programs

I am interested in Joining the Friends of the Festival Volunteer Corps! (no membership fee required)

<u>Payment Method:</u>
<input type="radio"/> Check Enclosed
OR
<input type="radio"/> Charge my membership to:
<input type="radio"/> VISA <input type="radio"/> Mastercard <input type="radio"/> Discover <input type="radio"/> American Express
Card #: _____ Expiration: _____ (mo/yr)
Name on credit card: _____

PLEASE PRINT (as you would like name(s) to appear in the Festival Program):

Name(s): _____

Phone: (_____) _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Date: _____

Mail Donation Form to:

**Heart of America Shakespeare Festival
3619 Broadway Suite 2
Kansas City, MO 64111
Festival Office: 816-531-7728
Thank You for your contribution!**