



Membership Form

Member Information (please print or type)

Name	
Address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
E-Mail	
Company Name	

Please select a membership level (for member benefits please see TCTC website):

- Crew Member (\$50-149) Stage Manager (\$150- \$349) Actor (\$500- \$999)
 Playwright (\$1000- \$4,999) Producer (\$5,000- \$9,000) Director's Circle (\$10,000 & Above)

Payment Options

I am proud to support TCTC by making my membership gift in the amount of \$_____

I plan to make this contribution in the form of:
____ check ____ credit card

I would like True Colors to bill my card monthly in the amount of \$_____ for ____ months.
(Donation amount will be billed on the first business day of each month)

Credit card number	
Expiration date	
Authorized signature	

Gift will be matched by _____ (company/foundation name)
____ form enclosed ____ form will be forwarded

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

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____ I wish to have my gift remain anonymous.

Please print, complete, and fax or mail this form to:

True Colors Theatre Company
659 Auburn Avenue, Suite 257, Atlanta, GA 30312