

Gift Membership Form



IT NEVER GETS OLD.

MEMBERSHIP LEVEL:

BASIC \$50 (1 person) \$90 (2 people) \$125 (1 person) \$200 (2 people) \$ _____
BENEFACTOR \$500 (1 person) \$1,000 (2 people) \$1,500 (4 people) \$ _____
BALCONY CLUB (for Balcony Club benefits add \$50 per person to membership level) \$ _____
TOTAL \$ _____

PAYMENT METHOD:

CHECK (payable to Tampa Theatre) VISA MC AMEX DISCOVER
Card #: _____ Expiration Date: _____
Billing Zip Code: _____ Security # (AMEX = 4 digits on front; others = 3 digits on back): _____
Authorized Signature: _____

PLEASE MAIL PURCHASER'S RECEIPT TO:

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
HOME PHONE _____ WORK PHONE _____

Please mail gift membership to purchaser's address. You must still include recipient's address so they may receive updates and notices.

PLEASE MAIL GIFT MEMBERSHIP TO:

(PLEASE CIRCLE ONE: MR MRS MS DR) _____ (PLEASE CIRCLE ONE: MR MRS MS DR) _____
MEMBER NAME _____ 2nd MEMBER NAME (IF APPLICABLE) _____
NAME(S) AS YOU WISH TO BE RECOGNIZED _____
HOME PHONE _____ WORK PHONE _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
EMAIL _____

Please complete this form and mail or fax it back with your payment information to:
Tampa Theatre | P.O. Box 172188 | Tampa, FL 33672-0188 | Fax: 813-274-8978
If you have any questions, please contact Kelly Prata at 813-274-5507 or kelly@tampatheatre.org