

RAGGED EDGE COMMUNITY THEATRE CONTRIBUTOR

Yes I would like to become a 2017-2018 Contributor! (please check level)

___ **Benefactor ~ \$2,500+**

___ **Producer ~ \$1,000+**

___ **Director ~ \$500+**

___ **Stage Manger ~ \$250+**

___ **Star ~ \$100+**

___ **Supporter ~ \$50+**

___ **Other ~ \$ _____**

Check enclosed ___

Bill me ___

Company: _____

Contact Name: _____

Mailing Address: _____

City, State Zip: _____

Email: _____

Return this form to:

Ragged Edge Community Theatre
111 S. Main St.
P.O. Box 157
Harrodsburg, KY 40330