



PATRON PROGRAM FORM

YES! I'D LIKE TO BECOME A PATRON OF MCC THEATER!

NAME (AS YOU WOULD LIKE IT TO APPEAR ON PRINTED MATERIALS AND IN PLAYBILL) _____

I WISH MY GIFT TO REMAIN ANONYMOUS

STREET ADDRESS _____

CITY, STATE AND ZIP _____

PHONE _____

EMAIL _____

I PREFER MCC CONTACT ME BY PHONE EMAIL LETTER

PATRON LEVELS *(See next page for detailed benefits)*

I WOULD LIKE TO RECEIVE PATRON MEMBERSHIP BENEFITS AT THE FOLLOWING LEVEL:

PRODUCER'S CIRCLE (\$10,000+)

PLAYWRIGHT (\$5,000-\$9,999)

DIRECTOR (\$3,000-\$4,999)

DRAMATURG (\$1,750-\$2,999)

DESIGNER (\$1,000-\$1,749)

TOTAL GIFT \$ _____

PAYMENT INFORMATION

I WILL FULFILL MY GIFT AS FOLLOWS CHECK CREDIT CARD

NAME ON CARD _____

CARD NUMBER _____

CARDHOLDER SIGNATURE _____

SECURITY CODE _____

EXP _____

I WISH TO PAY IN INSTALLMENTS: MONTHLY QUARTERLY SEMIANNUALLY

MATCHING GIFTS *(Increase the impact of your gift with a corporate match.)*

MY COMPANY _____ WILL MATCH THE TAX-DEDUCTIBLE PORTION OF THIS GIFT IN THE AMOUNT OF \$ _____

PLEASE RETURN THIS FORM TO

**MCC THEATER, DEVELOPMENT DEPARTMENT, 231 W. 29TH ST. SUITE 303, NEW YORK, NY 10001
OR RENEW OVER THE PHONE BY CALLING (212) 727-7722 EXT. 233.**

THANK YOU FOR YOUR SUPPORT!