



MEMBERSHIP FORM

Please include a check payable to **Avalon Theatre Project** for the total amount of your membership and donation (if applicable) with this form and mail to:

Avalon Theatre Project
5505 Connecticut Avenue #226
Washington, DC 20015

Or e-mail skirby@theavalon.org to request a brochure.

I would like to join the Avalon's membership program

I would like to give a membership as a gift (if so, please provide recipient's information below)

Membership Level:

Supporting Actor Single: \$60 (\$10 tax deductible)

Supporting Actor Couple: \$110 (\$15 tax deductible)

Actor Single: \$120 (\$45 tax deductible)

Actor Couple: \$200 (\$60 tax deductible)

Star Single: \$300 (\$155 tax deductible)

Star Couple: \$500 (\$240 tax deductible)

Director Single: \$1,000 (\$650 tax deductible)

Director Couple: \$1,500 (\$950 tax deductible)

In addition to my membership purchase, I would like to make a donation of \$_____

Please clearly print the following information:

Is this a new membership or a renewal? _____

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

E-mail: _____

Would you like to receive our eNewsletter? _____

Thank you for your support!