

DONATION CARD – 2016-2017 SEASON FUND DRIVE

YES *I want to contribute to help keep community theatre VITAL!*

\$1000+ \$500-\$999 \$100-\$499 \$25-\$99 Other: \$

Please make check payable to CCPA and mail to: CCPA · PO Box 754 · Nevada MO 64772

Name(s): _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

CCPA THANKS YOU FOR YOUR TAX-DEDUCTIBLE DONATION

- Check here to indicate you have added \$20 per season pass in addition to your donation.
How many? _____ Your pass(es) will be held at the box office for pickup at the first show.
- Check here if you wish to volunteer with the CCPA. What would you like to do? _____