

# CPCC Summer Theatre

Yes, I would like to belong to the

Patron's Circle - \$75 - \$199

Director's Circle - \$200 - \$499

Producer's Circle - \$500 and over

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (day): \_\_\_\_\_ (Evening) \_\_\_\_\_

Email Address: \_\_\_\_\_

Print your name(s) the way you want it (them) to appear in the program:

\_\_\_\_\_  
*(If you do not want your name printed in the program,  
please indicate so above.)*

Enclosed is my Patron Society Donation of \$ \_\_\_\_\_

Enclosed is my check payable to CPCC Foundation

Please charge my credit card <sup>or</sup> for my Summer Theatre gift.

If you wish to use your  Mastercard,  Visa or  American Express

Name \_\_\_\_\_

(As it appears on the card)

Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Complete and mail this form with your contribution in the envelope provided to:

**CPCC Foundation,  
P.O. Box 35009, Charlotte, NC 28235**