



HAWAII THEATRE CENTER

Yes, I want to support the Hawaii Theatre!

Mr. Mrs. Ms. Dr. Other \_\_\_\_\_  I/We do not wish to be publicly recognized.

First Name(s) \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_ (F) \_\_\_\_\_

Email \_\_\_\_\_  Place me on the "e-list" for new updates and promotions.

**Membership**

I wish to:  Join  Renew  Upgrade

- Supporting Cast Senior/Student \$35 (per person)  Contributing\* \$100  Players Club\* \$1,000  Founder\* \$10,000
 Supporting Cast\* \$50  Subscribing\* \$250  Benefactor\* \$2,500
 Sustaining\* \$500  Guarantor\* \$5,000

\* Membership can be designated for up to two people at the same residence.

**Gift Membership For:**

Mr. Mrs. Ms. Dr. First Name(s) \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_ (F) \_\_\_\_\_

Email \_\_\_\_\_  Place me on the "e-list" for new updates and promotions.

Send membership packet to  Donor  Gift Member

Send renewal notices to  Donor  Gift Member

**Payment**

**Membership**

Annual Membership Dues.....\$ \_\_\_\_\_

**Contribution**

Annual Fund Contribution.....\$ \_\_\_\_\_  Amount enclosed  Pledge (see below)

Chairholders Club\*\*.....\$ \_\_\_\_\_  Amount enclosed  Pledge (see below)

\*\*Chair Recognition Nameplate Form available on separate sheet; or to select a seat, please call (808)791-1301.

**Pledge (Pledges available for up to three years)**

Payments to be made: Starting Date \_\_\_\_\_

Annually \$ \_\_\_\_\_  Semi-Annually \$ \_\_\_\_\_  Quarterly \$ \_\_\_\_\_  Monthly \$ \_\_\_\_\_

Please send reminder statements **OR**  Please charge payments automatically to my card

**Total Amount.....\$ \_\_\_\_\_**

Enclosed is my check payable to **Hawaii Theatre Center** **OR**

Charge to my:  Visa  MasterCard  American Express  Discover

Credit card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on card \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Planned Gift**

Please contact me regarding other gift options:

Stock  Property  Matching Gift  Bequest  Other \_\_\_\_\_