

Subscription Order Form

Subscribers receive a ticket discount, reserved subscriber seats and free ticket exchange among performances with three business days' notice.

Subscribe by: **1)** faxing this form to (415) 945-0299, **2)** mailing it to 21 Ward St., Larkspur, CA 94939, **3)** calling (415) 927-INFO or **4)** online at www.bayareacabaret.org.

\$210 x ____ (no. of subscriptions) = _____

Name: _____

Home Phone: _____ Work Phone: _____

Address: _____

City/State: _____ Zip: _____

Email address: _____

Payment method

____ Enclosed is a check payable to Bay Area Cabaret (or)

____ Please charge my VISA/MC # _____

Name on card: _____

Expiration date: _____

Signature: _____

Donor Benefits:

Ticket sales cover roughly half our costs. We are grateful for donations of any size, which are tax deductible to the extent permitted by law. Our donors receive additional benefits, as follows. Each level includes benefits of the previous level.

- Friend (\$100-249): program acknowledgment and two complimentary drinks at a performance
- CabarAngel (\$250-499): **premium ballroom table seating**
- VIP Circle (\$500-\$999): lunch or dinner with a season artist and a free drink at each performance
- Mr./Ms. Producer (\$1,000+): "In association with" producing credit in event program, acknowledgment from the stage at a performance, sponsorship opportunities.

I'd like to make a tax-deductible donation to Bay Area Cabaret in the amount of _____.

Enclosed is a check payable to Bay Area Cabaret (or)

Please charge the above credit card.

Tickets to all shows are available at City Box Office (415) 392-4400 or online at www.bayareacabaret.org.

Thank you for your order! Your tickets will be mailed to you.