

Brookville Community Theatre

Sponsorship Form

770 Arlington Road

PO Box 256

Brookville, OH 45309-0256

(Checks payable to Brookville Community Theatre)

My contribution in the amount of \$ _____ is enclosed.

Date	
Name:	
Address:	
Phone:	

Membership Levels	
Sponsor	\$500.00
Angel	\$250.00
Producer	\$100.00
Director	\$50.00
Actor	\$25.00
Patron	\$10.00