



Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

In Honor of: _____

OR In Memory of: _____

OR Name: _____

Credit Card #: _____ Expiration date: _____

3 digit code: _____ In the amount of: _____

Name listed on card: _____

Address of cardholder: _____

Signature of cardholder: _____

Check # _____ in the amount of _____

- △ Visionary \$50,000 and beyond
- △ Legacy \$25,000 to \$49,000
- △ Benefactor \$10,000 to \$24,999
- △ Contributing \$5,000 to \$9,999
- △ Friend \$1,000 to \$4,999
- △ Patron \$100 to \$999

Thank you for your generous support of the Ionia Theatre.