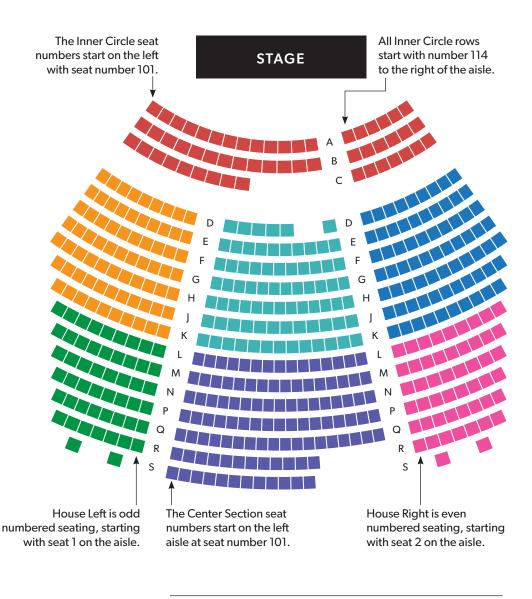
OUR HISTORY YOUR LEGACY

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Please fill out the form below and return it in the enclosed addressed envelope.



	\$1,000 Single Chair. Select your requested seat area.			
1st Choice: Area 1 Area 2 Area	a 3 Area 4 Area 5 Area 6			
2 nd Choice: Area 1 Area 2 Area	a 3 Area 4 Area 5 Area 6			
\$2,500 VIP Single Chair: Select your s	specific row and seat for your plague.			
1st Choice:				
ist choice:	Includes Inner Circle. Please provide your first three choices. Seats are assigned on a first-come, first-served basis			
2nd Choice:				
3rd Choice:				
Std Choice	first-served basis.			
Please include your name, messa You may include up to three lines of t				
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NAME				
ADDRESS				
CITY	STATE	ZIP		
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Please charge to my:				
☐ AMEX ☐ Discover	MasterCard	Visa		
CARD NUMBER	EXP DATE	SECURITY CODE		
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Check enclosed made payable to Phoenix Theatre Company				
Please contact me regarding payment				