

**THE THEATRE AT RVCC
Membership Form**

(please print, complete and return with form of payment)

Name: _____
Organization: _____
Address: _____
City/State/Zip: _____
Day Phone: _____
Evening Phone: _____
Fax: _____
e-mail: _____
Program listing: _____

Name as you wish it to appear in the program.

___ Please do not list my name.

I wish to join at the level of:

- ___ Membership (\$25 through \$99)
___ Patron (\$100 through \$249)
___ Special Gifts (\$250 through \$499)
___ Leadership Level (\$500 through \$999)
___ President's Circle (\$1,000 and over)

___ **Please dedicate 50% of my gift to the Ticket Fund.***

Enclosed is my check for \$ _____

(Made payable to RVCC Foundation)

Charge my VISA MC DISC (circle one)

Card Number: _____

Exp. Date: _____

Signature _____

Raritan Valley Community College is a not-for-profit organization.
Please inquire at your company's personnel office about a matching gift program.

Make your membership check payable to RVCC Foundation and mail it to:
Theatre at RVCC, P.O. Box 3300, Somerville, NJ 08876-1265

**** Combined, our members' generosity has allowed us to serve 1,500 families, school children and veterans, through our Ticket Fund, since 2006.***