

Yes!

I want to be part of the magic at PTE.

- Please renew my membership
 Please accept me as a new member

NAME (Mr./Mrs./Ms)

ADDRESS

CITY

PROVINCE

POSTAL CODE

PHONE (HOME)

(WORK)

EMAIL ADDRESS

Please print how you wish to be listed in PTE publications:

- or Anonymous

PAYMENT

Enclosed is my tax-deductible donation of \$ _____

- Cheque enclosed payable to Prairie Theatre Exchange
 Visa MasterCard American Express

CREDIT CARD #

EXPIRY DATE

SIGNATURE

BY INSTALLMENT

I would like to pay my annual pledge of \$ _____

in _____ installments **Payment date(s):** _____
(#of)

Pledge Payments will be made as follows:

- I enclose a set of postdated cheques
 I hereby authorize the above payment by credit card
 Visa MasterCard American Express

CREDIT CARD #

EXPIRY DATE

SIGNATURE

THANK YOU FOR YOUR SUPPORT

Charitable Registration # 11909 7962 RR0001