

# 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