



Foundation Membership Form

Crown Sponsor Membership \$5000	\$_____
Sponsor Membership \$2500	\$_____
Crown Donor Membership \$1000	\$_____
Donor Membership \$500	\$_____
Benefactor Membership \$250	\$_____
Patron Membership \$125	\$_____
Family Membership \$100	\$_____
Individual Membership \$50	\$_____
	Total \$_____

Name: _____

Phone: _____

Address: _____

City, St., Zip: _____

Email Address: _____

Make checks payable to the *Coronado Playhouse*

MC or Visa Credit Card# _____

Exp Date: _____

Signature: _____

Please fill out and mail to

The Coronado Playhouse
1835 Strand Way
Coronado CA 92118