FOLGER THEATRE 2014/15

Subscribe & Save

1. PROVIDE YOUR INFORMATION

Name _____

Address _____

_____

City _____ State _____ Zip _____

Phone (day) _____

Phone (night) _____

E-mail _____

Receive e-mail reminders prior to your ticketed performances and updates on other Folger programs. Folger Theatre does not sell or trade your e-mail address.

2. CHOOSE YOUR 3-PLAY SUBSCRIPTION

SEATING PREFERENCES:
I wish to be seated in the: ❍ Orchestra ❍ Balcony (accessible by stairs)

TICKET DELIVERY METHOD: (Unless otherwise noted, tickets will be mailed to you)
❍ Mail my tickets at no extra charge ❍ Hold my tickets at the box office

Notes: _____

_____

		# of Seats		Total
Previews *Days and times vary*		_____	x $105	$_____
Weeknights at 7:30pm	❍ Tue ❍ Wed ❍ Thu	_____	x $144	$_____
Fridays at 8pm		_____	x $189	$_____
Saturday or Sunday 2pm matinees	❍ Sat ❍ Sun	_____	x $189	$_____
Saturdays at 8pm		_____	x $198	$_____
Sundays at 7pm		_____	x $144	$_____
Special Subscription Packages				
❍ **Pre-show Talks** *Wednesdays at 6:30pm (11/12, 2/11, 5/27)*		_____	x $180	$_____
❍ **Post-show Talks** *Thursdays with cast (11/20, 2/19, 6/4)*		_____	x $144	$_____
❍ **Open Captioned Performance** *Sundays at 2pm (11/30, 3/1, 6/14)*		_____	x $189	$_____
❍ **Young Professional** *Ages 35 and under. Please fax one proof of age per subscription to 202.544.7520.*	❍ Wed ❍ Thu ❍ Fri ❍ Sun eve	_____	x $120	$_____

3. SUPPORT FOLGER THEATRE

Join the Friends of the Folger
Complement your subscription with a membership and help make Folger Theatre programming possible. Members enjoy discounts, exclusive programs, and behind-the-scenes events. Call 202.675.0359 or visit **www.folger.edu/friends** to learn about the Friends of the Folger benefits and tax-deductibility.

❍ Individual $75 ❍ Dual/Family $100 ❍ Sustainer $250 ❍ Patron $500
❍ Supporter $1,000

Membership $_____

❍ Instead of joining as a member, I wish to support Folger Theatre with a fully tax-deductible gift.

Gift $_____

4. TOTAL YOUR PAYMENT

Subscription Processing Fee $ **5.00**

TOTAL $_____

5. CHOOSE YOUR PAYMENT METHOD

❍ **Enclosed is my check made payable to Folger Theatre.**
❍ **Charge my:** ❍ **Visa** ❍ **MasterCard** ❍ **American Express**

Credit Card #_____ **Exp. Date**_____

Signature_____

6. PLACE YOUR ORDER

By Mail:
Folger Theatre Box Office
201 East Capitol Street, SE
Washington, DC 20003

By Fax:
202.544.7520

By Phone:
202.544.7077

In Person:
Visit the Box Office
Mon–Sat, noon–5pm

Online: www.folger.edu/subscribe

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— Programs and dates subject to change —

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MF#: _____ Recd: _____ Confm: _____ Entd: _____

App: _____ Sts: _____