

Membership Form

All information given here will be treated as confidential

~and~

Used only by FACE

*Members names and member level will be printed in playbills unless requested not to
below*

Or

By contacting FACE

Name : _____

Address: _____

: _____

Phone #: _____

E-mail : _____

Please Indicate Membership Level

Member \$15

Patron \$50

Contributor \$100

Benefactor \$250

Angel \$500

Arch Angel \$1000

Do not print my name in playbills

Mail your tax-deductible contribution to:
FACE Membership, PO Box 1154, Effingham, IL 62401