

# 2010 SEASON PASS ORDER FORM

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

## GIFT PASS INFO

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

## PAYMENT INFO

Check (*payable to Commonwealth Theatre Company*)  
 Credit Card  
CC # \_\_\_\_\_  
Expiration Date \_\_\_\_\_

## TOTAL ORDER

Season & Gift Passes	# @ \$85	= \$
We appreciate your tax deductible gift of		= \$
<b>Grand Total</b>		<b>= \$</b>

\_\_\_\_\_ or \_\_\_\_\_

Upgrade to the Million Dollar Club! We'll call you. \_\_\_\_\_

**Return form and payment to:**  
**P.O. Box 15, Lanesboro, MN 55949**  
**(800) 657-7025 | [commonwealththeatre.org](http://commonwealththeatre.org)**

### OFFICE USE ONLY

Rec'd by \_\_\_\_\_  
Date \_\_\_\_\_  
Distributed \_\_\_\_\_  
Entered Box \_\_\_\_\_  
Entered X \_\_\_\_\_

