

Purchaser Info

Name _____
Address _____
City _____
State _____ Zip _____
Phone _____
Email _____
Referred by _____

Recipient (if Gift Pass)

Name _____
Address _____
City _____
State _____ Zip _____
Phone _____
Email _____

Payment

Check (payable to **Commonweal Theatre**)
 CC # _____
Exp Date MM/YY Security Code _____

Total Your Order

Number of Passes _____ X **\$115** = \$ _____

Help us celebrate our 31ST Season with your generous, tax-deductible additional gift of \$31 (or more!):

Additional Gift + \$ _____

Grand Total = \$ _____



Upgrade to the MDC club for all the perks of a Season Pass and more! We'll call you!

RETURN FORM & PAYMENT TO:

PO Box 15 • Lanesboro, MN • 55949
(800)657-7025 • CommonwealTheatre.org

OFFICE USE

NEW RENEW CC CHK# _____

Received by _____	Date _____
Entered BO _____	Date _____
Entered XL _____	Date _____
Distributed _____	Date _____
Deposited _____	Date _____