

THEATRE 40 OF BEVERLY HILLS

Subscription MAIL Order Form



Please complete this form and mail to:

Theatre 40, P.O. Box 5401, Beverly Hills, Calif. 90209

Make checks payable to Theatre 40

Name _____

Address _____

City _____

State _____ Zip _____

Home Phone _____ Bus Phone _____

Please include your email address _____

PLEASE CHECK all that apply

☐ Current subscriber, please renew

☐ This is a new address

☐ Lapsed subscriber, please renew

☐ I am a new subscriber

I would like to subscribe:

☐ **2026 -2027 SEASON PACKAGE**

All 6 plays - # of subscriptions _____ @ \$225 each = _____

(Which includes **TWO EXTRA Free Tickets** to any show in the season!)

☐ I want to support Theatre 40, in addition to my subscription purchase,
by including a generous Tax Deductible Donation
to commemorate the 60th Anniversary season _____

Theatre 40 would be honored to have you become a...

(Please check one):

☐ **Friend: \$50 - \$599** _____

☐ **Patron: \$600 - \$850** _____

☐ **Sponsor: \$851 - \$1,500** _____

☐ **Angel: \$1,501 - \$2,500** _____

☐ **Founder: \$2,501 and above** _____

☐ **Sponsor a Production: \$20,000** _____

Credit card users add \$3 per subscription _____

TOTAL _____

I wish to pay by : ☐ Check ☐ Visa ☐ Mastercard ☐ AMEX

Card # _____ Exp. Date _____

CVV code # _____ Signature _____

Please note: Dates and Titles are subject to change

THANK YOU