

I Want to be a Member of The Human Race!

1. Complete the following information (Please print legibly):

Name (as you would like to be listed): _____

Address: _____

City: _____

State: _____

Zip: _____

Daytime Phone: [_____] _____

Email: _____

Check enclosed (made payable to The Human Race Theatre Company)

Charge to my VISA MasterCard

Card Number: _____

Name on Card: _____

Exp. Date: _____

Signature (required): _____

For my gift of \$1,000 or larger, I choose the Easy Payment Plan and request that you charge my VISA or MasterCard:

One Time Quarterly Monthly

2. Select your membership level and indicate the amount you wish to give:

Level of Investment	Gift Range	Gift Amount
<input type="checkbox"/> FRIENDS	Up to \$99	\$ _____
<input type="checkbox"/> CITIZENS	\$100 – \$249	\$ _____
<input type="checkbox"/> DELEGATES	\$250 – \$499	\$ _____
<input type="checkbox"/> AMBASSADORS	\$500 – \$999	\$ _____
<input type="checkbox"/> PRESIDENTS	\$1,000 – \$2,499	\$ _____
<input type="checkbox"/> GUARDIANS	\$2,500 – \$4,999	\$ _____
<input type="checkbox"/> BENEFACTORS	\$5,000 – \$9,999	\$ _____
<input type="checkbox"/> GRAND BENEFACTORS ...	\$10,000 – \$24,999	\$ _____
<input type="checkbox"/> LUMINARIES	\$25,000+	\$ _____

THE NEW WORKS FUND: Please accept my additional gift for The Jesse & Caryl Philips Foundation Fund for the Development of New Works \$ _____

I would like to receive more information about The New Works Fund

I've enclosed my Employer's Matching Gift Form

Yes, I have included The Human Race in my estate planning

I would like to receive information on estate planning

I would be interested in sponsoring a specific program/production

3. Please mail this completed form to:

The Human Race Theatre Company
126 North Main Street, Suite 300, Dayton, OH 45402-1710

For questions, contact: John Faas, Development Director, at (937) 461-3823, ext. 3111