



Alliance Arts Council
Let us entertain you.

Purchase a Season Ticket / Membership

General Information

Full Name _____

Address _____
Street Address

Phone Number _____

Email _____

_____ City _____ State _____ Zip Code _____

Members/Tickets

Please write a number in the box to indicate how many of each membership you would like to purchase.

Adults

Seniors

Students

Names of Additional Members

If you are purchasing more than one ticket please list the names of all additional members.

\$50.00/ea.

\$40.00 /ea.

\$20.00 /ea.

Additional Contributions

Would you like to make an additional, tax deductible, contribution to the Alliance Arts Council?

Please write out a separate check for this contribution.

Alliance Arts Council Operating Fund \$ _____

Alliance Arts Council Endowment Fund \$ _____

IMPORTANT: Please mail in this form and a check with the total amount to
Alliance Arts Council
PO Box 244
Alliance, NE 69301