



1124 Corporate Drive • Holland, Ohio 43528 • 419 861-0895  
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## ANNUAL MEMBERSHIP APPLICATION

To fulfill Ballet Theatre of Toledo’s mission of “...creating wonderful programs and productions that provide opportunities for our dancers to study, rehearse and perform for audiences”, we need your help. BTT is asking you to become a member and help offset the cost of presenting the very finest performances with the highest standards of classical ballet in the region. Your donations may be tax deductible and will benefit our students and the community.

As a member of Ballet Theatre of Toledo, you receive recognition in our performance programs, advanced ticket sales, information on upcoming events and voting privileges. Beginning at the *Giselle* level and above, your donation includes membership to BTT’s Guild. Guild membership includes: invitations to lecture demonstrations by the Artistic Director and opportunities to help promote classical ballet in our community.

### *Ballet Circle of Giving*

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|--|--|
| _____ <i>Coppelia I... (single)... \$50-\$149</i>  | _____ <i>Giselle ..... \$150-\$249</i><br><i>(Guild membership included)</i>       |
| _____ <i>Cinderella ..... \$250-\$499</i><br><i>(Guild membership included)</i>  | _____ <i>Sleeping Beauty ... \$500-\$999</i><br><i>(Guild membership included)</i> |
| _____ <i>Swan Lake ..... \$1,000-\$2,499</i><br><i>(Guild membership included, plus 2 tickets to Nutcracker donated to the charity of your choice)</i> |  |
| _____ <i>Nutcracker ..... \$2,500 +</i><br><i>(Guild membership included, plus 4 tickets to Nutcracker donated to the charity of your choice)</i>      |  |

Name \_\_\_\_\_  
 (as you would like it to appear in printed material)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Today's Date \_\_\_\_\_

Home phone \_\_\_\_\_ e-mail \_\_\_\_\_

\_\_\_\_\_ My Company will match my donation, \_\_\_\_\_  
 (Company's Name)

\_\_\_\_\_ Check payable to Ballet Theatre of Toledo is enclosed

\_\_\_\_\_ Charge my gift of \$ \_\_\_\_\_ to: \_\_\_ Visa, \_\_\_ MC, \_\_\_ DS, \_\_\_ AX

Card # \_\_\_\_\_ Exp \_\_\_\_\_ Sec. Code \_\_\_\_\_

Signature for charge \_\_\_\_\_