



Well Wisher Form

Cast Member _____
Well Wisher name _____
Address _____
Well Wisher email _____
Well Wisher phone _____

For which Production
[] Fall Junior Production [] Winter Adult Production
[] Summer Family Production [] Cabaret

Ad options ~ 5"x8" program page:
_____ Single line option (approx. 20 words or less) - \$15.00

Message: _____

Table with 2 columns: Black & White ad and Color ad. Rows include 1/4 page, half page, and full page with corresponding prices.

All ads and payments are due 1 week before the production opens
Make checks payable to Center Stage Theatre with "well wisher" noted in the memo line
Venmo payments can be made to @centerstagetheatreofkzoo

Please return this form & payment to a CST company member or by mail to:
Center Stage Theatre
PO Box 128
Comstock, MI 49041

Please attach your desired text and photo to this form or email text & a PDF or JPEG photo to
cstkmarketing@gmail.com

Please note "well wisher" with cast member name in the subject line. Thank you!
Thank you for supporting your local community theatre!

Contributions to Center Stage Theatre are tax-deductible!
We are a 501(c) (3) non-profit organization. Federal Non-Profit #37-1458709

Internal use only
Check-check no: _____
Cash _____
Venmo _____
Added to program: _____