



***The Springfield Little Theatre Education Angels—
A booster club for the SLT Education Program***

I would like to be a Springfield Little Theatre Education Angel!

Name: _____

Phone Number(s): _____

E-Mail Address: _____

Are you a Facebook user? YES NO

Mailing Address: _____

City: _____ State: _____ Zip: _____

Enclosed is a check or cash to cover my annual Angel dues of \$30 OR
please charge the following card: VISA MASTERCARD DISCOVER
Card #: _____ Expiration: _____

I will be unable to offer volunteer assistance, but would like to be a
Springfield Little Theatre Guardian Angel and make a gift of \$50 to the SLT
Education Program!

Enclosed is a check or cash to cover my annual Guardian angel dues of \$50
OR please charge the following card: VISA MASTERCARD DISCOVER
Card #: _____ Expiration: _____

Please return this form to Springfield Little Theatre, Attention: Lorianne,
311 East Walnut, Springfield, MO 65806.