Become a Friend of Dreamweavers Theatre	
Please print this form, fill it in and mail	it with your contribution to:
Dreamweavers Theatre - Friends/Mer 1325 Imola Ave. West PMB 307 Napa, CA 94559-4724	mbership
Name:	
Address:	
City: State:	Zip:
email:(selec	t this box [] to be added to our email list.
Select your tax-deductible* donation le	vel:
Susta	aining Member
\$50 Friend	\$1,000 Patron (2 Season Tickets)
\$100 Supporter (1 free pass)	\$2,500 Underwriter (3 Season Tickets)
\$250 Sponsor (2 free passes)	\$5,000 Philanthropist (4 Season Tickets)
\$500 Benefactor (2 Season Ticket	:) Over \$5,000 (Season tickets commensurate with donation)
(must be listed on the Dreamwe	pating Member eavers Volunteer Roster and have participated or activity within the last two seasons.) \$50 Trio
\$30 Duo	\$70 Family (4 +)
Please make checks payable to Dream	nweavers Theatre.
We thank you kindly. Upon processing of Dreamweavers.	of your check, your name will be added to Friends
*A Non-Profit Community Theatre Company, I.R.S	S. Tax ID #68-0095428