Becom	e a Friend of	Dreamweavers Theatre
Please print this form, fill	it in and mail it wit	h your contribution to:
Dreamweavers Theatre 1325 Imola Ave. West PMB 307 Napa, CA 94559-4724	- Friends/Membe	rship
Name:		
Address:		
City:	State:	Zip:
email:	(select this box [] to be added to our email list.	
Select your tax-deductible		••
\$50 Friend	Sustaini	ng Member \$1,000 Patron (4 free passes)
\$100 Supporter (1 fi	ee pass)	\$2,500 Underwriter (2 Season Tickets)
\$250 Sponsor (2 fre	e passes)	\$5,000 Philanthropist (4 Season Tickets)
\$500 Benefactor (2	free passes)	Over \$5,000 (Season tickets commenurate with donation)
	on the Dreamweavers	ing Member s Volunteer Roster and have participated vity within the last two seasons.) \$50 Trio
\$30 Duo		\$70 Family (4 +)
Please make checks pay	able to Dreamwea	vers Theatre.
We thank you kindly. Upo of Dreamweavers.	on processing of yo	our check, your name will be added to Friends
*A Non-Profit Community Theat		10 #00 0005400