



ACT NOW!

Clip and mail to:
ACT
PO Box 813
Aberdeen, SD 57402-0813

ACT GIFT SUBSCRIPTION PURCHASE FORM

RECIPIENT'S NAME: _____

RECIPIENT'S ADDRESS: _____

RECIPIENT'S CITY/STATE/ZIP: _____

RECIPIENT'S PHONE: _____

RECIPIENT'S EMAIL: _____

GIVER'S NAME: _____

GIVER'S ADDRESS: _____

GIVER'S CITY/STATE/ZIP: _____

GIVER'S PHONE: _____

GIVER'S EMAIL: _____

- PAYMENT ENCLOSED (checks payable to ACT)
 Please charge my credit card to pay for the total listed above

Please write clearly. Expiration date ____/____/____ CVV: _____

Card number _____

Signature _____

2023 VIP SUBSCRIPTION

I am purchasing as a gift ____ VIP Subscription(s) **\$200** each = \$ _____
VIP Subscription includes the same reserved seat(s), for each of the **FIVE** mainstage productions, and earliest choice of seats for the dinner theater. Tickets will be mailed to the recipient. The recipient's name will be listed in ACT's programs.

- The recipient had seat(s) in 2022 and they would like to keep these seat(s).
 Please call the recipient in January 2023 so the recipient can select seat(s)/performance.

2023 FLEX SUBSCRIPTION

I am purchasing as a gift ____ Flex Subscription(s) **\$160** ea. = \$ _____
Flex includes **SIX** ticket credits, which can be used in any combination for **FIVE** mainstage productions. Limit of ONE credit for dinner theater. Subscriber card will be mailed to the recipient.

2023 INDIVIDUAL SUBSCRIPTION

I am purchasing as a gift ____ Individual Subscription(s) **\$140** ea. = \$ _____
Individual Subscription includes six ticket credits, one for each of the **SIX** season productions in the 2023 season. Subscriber card will be mailed to the recipient. They will need to redeem their credit to choose a seat before each show.

ACT SUBSCRIPTION PURCHASE FORM

NAME: _____

BUSINESS: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

EMAIL: _____

Please consider an additional contribution to support all of ACT's performances and programs.

Contribution = \$ _____

TOTAL (SUBSCRIPTION+CONTRIBUTION) \$ _____

- PAYMENT ENCLOSED (checks payable to ACT)
 Please charge my credit card to pay for the total listed above

Please write clearly. Expiration date ____/____/____ CVV: _____

Card number _____

Signature _____

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