



The Art Theater Co-op Annual Membership Program GIFT CERTIFICATE

Thank you for choosing to give the gift of an Art Theater Co-op Gift Certificate! The recipient of this certificate will be able to use it as cash at the Theater for everything from tickets to popcorn to beverages. To purchase a gift certificate, please fill out the form below in its entirety. You may then bring it to the Theater to make your purchase or mail the printed and completed form along with a check or credit card payment information, to:

The Art Theater Co-op
ATTN: General Manager
126 West Church Street
Champaign, IL 61820

You may also email the completed form along with credit card payment information to:
manager@arttheater.coop.

Please note: Gift Certificates are only sold in intervals of \$5.00 (\$10.00, \$15.00, \$25.00, etc.)

Gift certificates take 1-2 weeks from the time they are received at the Theater to be processed and fulfilled. Each gift certificate is subject to a \$1.00 processing fee, and will be sent with a small note explaining your generous gift. If you require rush processing for the membership to arrive on a specific date, please add a \$2.00 rush fee to your payment.

PURCHASER INFORMATION:

First Name:	Last Name:
Email Address:	Address 1:
Address 2:	City: State:
Zip/Post Code:	Home Phone:
Please specify how you would like the gift to read as being <i>from</i> :	PLEASE WRITE CLEARLY SO WE CAN PROPERLY PROCESS YOUR GIFT. THANK YOU!

RECEIPT INFORMATION – ALL INFORMATION IS REQUIRED

First Name:	Last Name:
Email Address:	Date of Birth:
Address 1:	Address 2:
City:	State:
Zip/Postal Code:	Home Phone:
Please specify how you would like the gift to read as being <i>addressed to</i> :	PLEASE WRITE CLEARLY SO WE CAN PROPERLY PROCESS YOUR GIFT. THANK YOU!

PAYMENT INFORMATION:

1 Gift Membership \$50.00
Processing Fee \$1.00
Rush Fee (if applicable) \$2.00

If choosing rush service, please indicate your requested date for delivery: _____

TOTAL ENCLOSED: \$ _____

Credit Card Payment Information

Name on Card: _____

Card Type (Visa and MasterCard only): Visa MasterCard

Card Number: _____

Expiration Date: _____

3 Digit Security Code: _____

STAFF USE ONLY:

Total Charge Amount: \$ _____

Date Processed: _____

Date Mailed: _____

Staff Name: _____