

Celebrating Metropolitan's 27th Season

Name _____

Will attend.

Please hold _____ seat(s) in my name at at \$150 each _____

Cannot attend, but would like to make a contribution of _____

Please accept my check, enclosed. Please charge my credit card.

Address City State Zip

Card Number Expiration (MM/YY)

E-mail (Required for CC) Telephone (Required for CC)

Please return to:
Metropolitan Playhouse

