

Order Form

Name: _____
Street: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Please indicate your selections:

Subscriptions Center Stage _____ x \$149 = \$ _____

Spotlight _____ x \$99 = \$ _____

Processing & Shipping Fee _____ x \$10 = \$ _____
(# of subscriptions)

Special Events Truth Values _____ x \$25 = \$ _____

Tax-Deductible Donation = \$ _____

*Thank you for your support of Central Square Theater!
Your donation makes the award-winning work you see on stage possible.*

Grand Total = \$ _____

<input type="checkbox"/>	Please reserve my tickets on the following dates	Truth Values _____
<input type="checkbox"/>	I will select my performance dates at a later time	A Moon for the Misbegotten _____
<input type="checkbox"/>	I don't need parking — please send me an additional beverage voucher instead!	The Fever Chart _____
		Hysteria _____
		Ti-Jean & His Brothers _____
		Breaking the Code _____
		Silver Spoon _____

Payment (circle one):

Visa MasterCard American Express Discover Check (payable to Central Square Theater)

Card Number: _____

Name on Card: _____

Expiration: _____ Security Code: _____ (3 digits on back of Visa, MasterCard or Discover;
4 digits on front of American Express)

Mail completed order forms to:

Central Square Theater, 450 Massachusetts Avenue, Cambridge, MA 02139

Order online or by phone: CentralSquareTheater.org 866.811.4111

Questions? Concerns? Call 617.576.9278

*Schedule subject to change



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