

# ..... Yes, I Want to Support Footlitters! .....

Name: \_\_\_\_\_

Organization (for Sponsorships): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

☐ **Yes, I would like to become a member of the Cadillac Footlitters!**

*Select Membership Level:*

- ☐ Premier ..... \$1,000+
- ☐ Angel ..... \$500 - \$999
- ☐ Producer ..... \$300 - \$499
- ☐ Star ..... \$100 - \$299
- ☐ Director ..... \$30 - \$99
- ☐ Actor Family ..... \$25
- ☐ Actor Individual ..... \$15
- ☐ Actor Student ..... \$5

Please list names if choosing Family Membership:

Spouse: \_\_\_\_\_

Child(ren): \_\_\_\_\_

☐ **Yes, I would like to sponsor the Cadillac Footlitters!**

*Select Sponsorship Level:*

- ☐ Season ..... \$3,000
- ☐ Musical ..... \$1,000
- ☐ Jr./Teen Program ..... \$750
- ☐ Production ..... \$500
- ☐ Producer ..... \$300 - \$499
- ☐ Star ..... \$100 - \$299

.....

Total Membership Donation: \_\_\_\_\_

Total Sponsorship Donation: \_\_\_\_\_

Total Donation: \_\_\_\_\_

☐ **Yes, I would like to volunteer my time to help support Footlitters!**

*Check all activities of interest:*

- ☐ Actor ☐ Director ☐ Costumes
- ☐ Concessions ☐ Box Office
- ☐ Make-up ☐ Props ☐ Fundraising
- ☐ Publicity ☐ Junior Players
- ☐ Play Selections ☐ Poster Distribution
- ☐ Backstage ☐ Set Builder
- ☐ Other \_\_\_\_\_

Do you have any of the below you'd be willing to lend to assist transporting sets?

- ☐ Truck ☐ Trailer

## Submission and Payment Information

Please complete and mail this form with payment (if applicable) to:

Cadillac Footlitters Inc.  
P.O. Box 443  
Cadillac, MI 49601

Membership and/or Sponsorship Donation amount enclosed: \_\_\_\_\_

*I am paying by:*

- ☐ Check (made payable to Cadillac Footlitters Inc.)
- ☐ Credit Card (Please send me an electronic invoice!)

Email to send invoice # \_\_\_\_\_

**THANK YOU FOR SUPPORTING  
THE CADILLAC FOOTLITTERS!**