



Membership/Donation Form

Membership valid from September 1, 2026 – August 31, 2027

Member/Donor Name: _____

If Business, contact name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Email: _____

We value your privacy and will not share your information

Would you like us to send you a car cling (decal) to show your support of The Stagehands? ☐ Yes ☐ No

Membership/Donation: ☐ \$10 – Individual** ☐ \$25 – Family
☐ \$100 – Sponsoring* ☐ \$500+ – Gold*

*Memberships of \$100 or more, please include a business card for publication in all production programs during the membership/donation year

** If individual member is a minor, please include emergency contact name and phone number:

Please mail completed form to:

**The Stagehands
PO Box 872
Colusa, CA 95932**

Please make checks payable to: *The Stagehands*

The Stagehands is a 501(c)3 nonprofit organization and your donation is tax-deductible

Thank you for your support and generosity!