



## Friends of OTNV

Yes! I want to Join Friends of OTNV. Members receive early notification of ticket sales, priority seating, our quarterly newsletter, and our heartfelt thanks.

### Member Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

### Contribution

\$30.00 Annual Dues (per family)

+ \_\_\_\_\_ Additional Contribution

Your tax-deductible donation will help underwrite our productions, as well as our community outreach efforts. Your generosity is greatly appreciated!

= \_\_\_\_\_ Total Contribution

### Please Check One:

Please find enclosed my check, payable to Opera Theatre of Northern Virginia

Please bill my credit card

Visa    Mastercard    American Express    Discover Card

Credit Card Number:

Expiration (month/year):

Signature:

**Mail to:** Opera Theatre of Northern Virginia  
P.O. Box 7027  
Arlington, VA 22207