

**Become a Friend of the Goodhand**

**Levels**

|  |  |
| --- | --- |
| **Benefits that are included with each membership level.** | |
| **Supporting Role** | **Leading Role** |
| $25.00 | $75.00 |
| 1 Goodhand Theatre Refillable Cup | 2 Goodhand Theatre Refillable Cups |
| Slide show listing | Slide show listing |
| Quarterly newsletter | Quarterly newsletter |
|  | Annual Bucket |
| **Goodhand Theatre Refillable Cups include 1 free refill each movie attended.** | |

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**Please Print Return to: Friends of the Goodhand ~ 226 S. Chestnut St. P.O. Box 205 ~ Kimball, NE 69145**

Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Order an extra Cup for $15: **\_\_\_\_yes\_\_\_\_\_no**

**Volunteer options: I would like to help with: (check all that apply)**

\_\_\_\_\_ Help at the concession stand

\_\_\_\_\_ Help distribute fliers

\_\_\_\_\_ Help with cleaning the theatre