



Select a Membership Level , fill in the page and mail in with payment by check or credit card to:
Williamstown Film Festival, Box 81, Williamstown, MA 01267

_____ **\$25 - KEY GRIP**

- acknowledgment in the program

_____ **\$50 - EDITOR**

- above plus:
- discount on merchandise

_____ **\$100 - CINEMATOGRAPHER**

- above plus:
- notice of special events

_____ **\$250 - SCREENWRITER**

- above plus:
- priority seating for the Gala (ticket purchase/ reservations required)

_____ **\$500 - DIRECTOR**

- above plus:
- priority seating for both Friday night films (ticket purchase/ reservations required)
- access to private phone line for ordering tickets

_____ **\$1000 - PRODUCER**

- above plus:
- two seats to invitational dinner

_____ **\$2500 - EXECUTIVE PRODUCER**

- above plus:
- guaranteed seating at all events (24-hour notice)
- season poster signed by guest artists

Contributions in excess of benefits received are tax-deductible.

Name _____

Street _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____

Payment by credit card:

Card Number: _____ Exp. Date: _____

Signature: _____

_____ Add me to the WFF mailing list