



Authorization Agreement  
Automatic Payments (AHC Debits)

I, \_\_\_\_\_  
hereby authorize ARTS LIVE THEATRE, hereafter  
called COMPANY, to initiate debit entries and to  
initiate, if necessary, credit entries and adjustments for  
any debit entries in error to my (our) account indicated  
below and the financial institution named below,  
hereinafter called FINANCIAL INSTITUTION, to  
credit and or debit the same to such account.

Financial Institution Name \_\_\_\_\_

Branch \_\_\_\_\_

Address \_\_\_\_\_

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

Checking Account

Savings Account

Routing Number \_\_\_\_\_

This authority is to remain in full force and effect until  
COMPANY has received written notification from me (or  
either of us) of its termination in such time and manner as  
to afford COMPANY and FINANCIAL INSTITUTION a  
reasonable opportunity to act on it.

Print Individual Name \_\_\_\_\_

Print Individual ID Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



Northwest Arkansas' ONLY Dedicated  
Children & Youth Theatre Company

**YOU ARE INVITED to  
be CENTER STAGE in  
the development of  
our youth!**



For further information, please contact  
Mark Landon Smith  
Executive Director at 479.521.4932

# Center Stage Giving Program



P.O. Box 4362  
Fayetteville, AR 72702  
ph 479.521.4932

Visit us online: [ArtsLiveTheatre.com](http://ArtsLiveTheatre.com)

*Supporting our  
youth through  
monthly giving.*

# The Arts Live Theatre Center Stage Giving Program

Did you know the average cost to produce an Arts Live Theatre production is \$10,000? In addition to performance opportunities for children and youth, Arts Live Theatre provides:

- Onsite and satellite classes for children and youth ages 5-18 taught by a staff of professional theatre artists.
- The Bumpin Scholarship Fund, so that all who wish may participate in Arts Live Theatre activities.
- Four mainstage productions annually and regional touring productions.
- A positive, caring and supportive environment developing self-esteem and self-confidence while teaching creativity responsibility and accountability.



## What People Are Saying About ALT

Arts Live Theatre has provided a great environment for our kids to sing and act, but it also has a positive influence far beyond the arts. The kids and the staff that we have come in contact with are some of the finest people we know and we're thrilled to have our daughters be a part of the family.  
David & Tammy Hesterberg, ALT Parents

The best thing about Arts Live is knowing that your child feels comfortable to act, sing, dance and make new friends without fear. Freedom to be silly without the constant pressure of being cool is one of the best gifts I could ever give my kids.  
Ally Kieklak, ALT Parent

Arts Live Theatre is like a second home to me. When I started three years ago, I was immediately embraced. ALT is a fun, safe environment for kids to just let go, have fun and come alive.  
Zach Stolz, ALT Student



**Director Level**  
\$1,200 per year | \$100 per month | \$3.28 per day

**Producer Level**  
\$600 per year | \$50 per month | \$1.64 per day

**Actor Level**  
\$300 per year | \$25 per month | \$.82 per day

Your participation in the Center Stage Giving Program will enable Arts Live Theatre to continue to provide outstanding opportunities for youth throughout the region.

To learn more about Arts Live Theatre, visit our website at [ArtsLiveTheatre.com](http://ArtsLiveTheatre.com)

## Become an Arts Live Member

I AM PLEASED TO BECOME A MEMBER of the Arts Live Theatre Center Stage Giving Program, making a commitment to give \$ \_\_\_\_\_ per year to Arts Live Theatre.

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

(See giving program opportunities to right for breakdown)

Please accept my check for \$ \_\_\_\_\_ monthly for:  
 1 year     2 years     3 years  
*(make checks payable to Arts Live Theatre)*

Please deduct \$ \_\_\_\_\_ monthly from my bank account for:  
 1 year     2 years     3 years  
*(Complete for on reverse and enclose a voided check)*

Please charge \$ \_\_\_\_\_ monthly from my:  
 Visa     Mastercard    for:  
 1 year     2 years     3 years

Please accept my one-time gift of \$ \_\_\_\_\_

My name as it appears on credit card \_\_\_\_\_

Signature \_\_\_\_\_

□□□□ □□□□ □□□□ □□□□  
Card Number

□□-□□  
Expiration Date

Please mail all gifts to:  
Arts Live Theatre  
P.O. Box 4362 • Fayetteville, AR 72702