

Please return to:

Member Discount Participation Form

Rachel Langus
Coolidge Corner Theatre Foundation
290 Harvard Street
Brookline, MA 02446
617-734-2501 x 113
617-734-6288 (fax)

December 2006-07

Establishment: _____

Contact Name: _____

Address: _____ City: _____ Zip: _____

Public Phone: _____ Contact Phone: _____

Website: _____ Contact E-mail _____

Signed By: _____ Date Signed: _____

If you'd like your logo added to our website, please send it in electronic format (at least 300 dpi) to rachel@coolidge.org.

Discount to be offered: _____

Restrictions: _____

Reciprocal benefits offered by Coolidge Corner Theatre:

- Promotion: 1) on our website
- 2) Linking to your website
- 3) Print through our membership benefits flyer

Signed by CCT Staff: _____