



2020 Variety Cinema Passport Order Form

Donation: \$500

The Variety Cinema Passport entitles the cardholder and a guest to free movies at any Marcus Theatres location from January 1, 2020 through December 31, 2020. Some restrictions apply. See below.

If you would like to purchase more than one passport, please also complete information on the reverse.

PURCHASER'S NAME _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Payment Method:

☐ Check (payable to Variety of Wisconsin)

☐ Credit card

Card # _____ Exp. Date _____ CSV Code _____ Zip Code _____

Signature _____

CINEMA PASSPORT CARDHOLDER NAME (if different than purchaser) _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Please indicate where you would like the passport to be mailed.

☐ Please mail to the purchaser.

☐ Please mail to the cardholder(s).

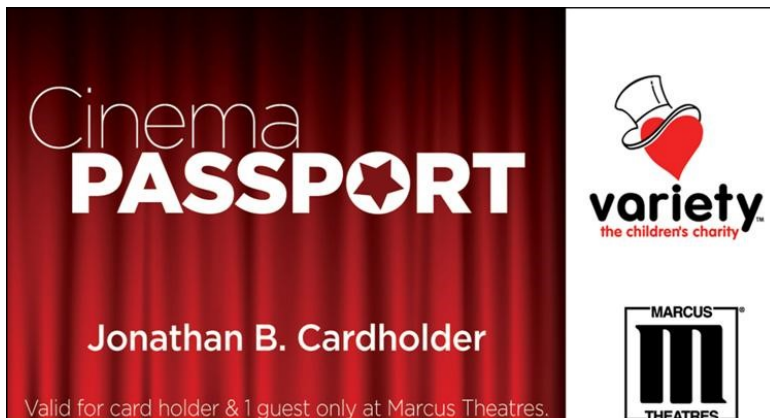
MAIL REGISTRATION FORM TO: Variety – the Children's Charity of Wisconsin

**12425 Knoll Road, Suite 120
Elm Grove, WI 53122**

OR

EMAIL: dua@varietywi.org

Questions: Please call 262-777-2090.



This pass is not valid:

- When *No Pass* policy is applicable.
- For any movie commencing after 6:00PM on Friday and Saturday.
- For more than one movie at any one Theatre on the same day.
- The following Holidays: Memorial Day, 4th of July, Labor Day, Thanksgiving, Christmas Day, New Years Eve Day, & New Years Day.

Serving Wisconsin Children since 1935.
To Learn more visit www.varietywi.org



Additional Cardholder 1

CINEMA PASSPORT CARDHOLDER NAME _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Additional Cardholder 2

CINEMA PASSPORT CARDHOLDER NAME _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Additional Cardholder 3

CINEMA PASSPORT CARDHOLDER NAME _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Additional Cardholder 4

CINEMA PASSPORT CARDHOLDER NAME _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Additional Cardholder 5

CINEMA PASSPORT CARDHOLDER NAME _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____