



## **ANGEL PROGRAM**

Name \_\_\_\_\_

Street \_\_\_\_\_

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

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Enclosed is my donation for:

- Archangel - \$1,000
- Angel - \$500
- Benefactor - \$250
- Patron - \$100
- Friend - \$50
- Supporter - \$25

Mail with your check to :

**Northland Players Angel Program**  
**PO Box 157**  
**Cheboygan, MI 49721**