



CENTER FOR RACIAL HEALING

2025/26 SUBSCRIPTION RENEWAL

Renew by August 14, 2025 to get the best seats!

Your tickets will be mailed
to the address below.
Check your contact information
and indicate any changes.

Renewal Package:

No. of Packages:

Renewal Seat(s):

1 I want to order a subscription.

Choose from one of the two options listed below.

Any changes to your previous subscription
packages may result in seat changes.

SUBSCRIPTION	QUANTITY	AMT/PKG	TOTAL
A. 4-Play Package — Save 20% <i>Includes: Marisol, Black Nativity, Don't Bother Me, I Can't Cope, Joe Turner's Come and Gone.</i> <i>Select package date & time:</i> <input type="radio"/> Opening Night Thursday (October 9, December 4, March 12, May 28 at 7:30pm) <input type="radio"/> 1st Friday (October 10, December 5, March 13, May 29 at 7:30pm) <input type="radio"/> 1st Saturday Matinee (October 11, December 6, March 14, May 30 at 2pm) <input type="radio"/> 1st Saturday Evening (October 11, December 6, March 14, May 30 at 7:30pm) <input type="radio"/> 1st Sunday Matinee (October 12, December 7, March 15, May 31 at 4pm) <input type="radio"/> 2nd Wednesday (October 15, December 10, March 18, June 3 at 7:30pm) <input type="radio"/> 2nd Thursday (October 16, December 11, March 19, June 4 at 7:30pm) <input type="radio"/> 2nd Friday (October 17, December 12, March 20, June 5 at 7:30pm) <input type="radio"/> 2nd Saturday Matinee (October 18, December 13, March 21, June 6 at 2pm) <input type="radio"/> 2nd Saturday Evening (October 18, December 13, March 21, June 6 at 7:30pm) <input type="radio"/> 2nd Sunday Matinee (October 19, December 14, March 22, June 7 at 4pm)		\$144	
B. 3-Play Package — Save 15% <i>Includes: Marisol, Don't Bother Me, I Can't Cope, Joe Turner's Come and Gone.</i> <i>Select package date & time:</i> <input type="radio"/> Opening Night Thursday (October 9, March 12, May 28 at 7:30pm) <input type="radio"/> 1st Friday (October 10, March 13, May 29 at 7:30pm) <input type="radio"/> 1st Saturday Matinee (October 11, March 14, May 30 at 2pm) <input type="radio"/> 1st Saturday Evening (October 11, March 14, May 30 at 7:30pm) <input type="radio"/> 1st Sunday Matinee (October 12, March 15, May 31 at 4pm) <input type="radio"/> 2nd Wednesday (October 15, March 18, June 3 at 7:30pm) <input type="radio"/> 2nd Thursday (October 16, March 19, June 4 at 7:30pm) <input type="radio"/> 2nd Friday (October 17, March 20, June 5 at 7:30pm) <input type="radio"/> 2nd Saturday Matinee (October 18, March 21, June 6 at 2pm) <input type="radio"/> 2nd Saturday Evening (October 18, March 21, June 6 at 7:30pm) <input type="radio"/> 2nd Sunday Matinee (October 19, March 22, June 7 at 4pm)		\$115	
SUBTOTAL A			

Amount reflects advance price savings per package. Continue on reverse.

If you have any questions or need help filling out this form, please call us at 651.224.3180.

2 I'd like to add on events.

3 or 4-play package buyers save 25% on tickets to any additional event. Only available with purchase of a subscription; discounts included in prices below.

PENUMBRA EVENTS	DATE	YOUR PRICE	QUANTITY	TOTAL
Let's Talk Series				
Cross Racial Coalition Past, Present and Future	Monday, November 24, 2025 at 6 – 8:30pm	\$18.75		
Coming Home to Ourselves: Embodied Identity Practices	Monday, March 23, 2026 at 6 – 8:30pm	\$18.75		
Afrofuturism and the Ethics of Generative AI	Monday, May 4, 2026 at 6 – 8:30pm	\$18.75		
SUBTOTAL B				

3 I'd like to request the following seating:

We will do our best to honor your seating preference.

Renew current seat(s)

☐ Listed under account information above.

Seat change: I'd like to change to the following:

- ☐ I require wheelchair accessible seats.
☐ I prefer to sit closer to the center.
☐ I prefer to sit closer to the aisle.
☐ I prefer to sit further back.

4 I want to support Penumbra!

I will contribute at the following level (check one):

- ☐ \$25 ☐ \$250 ☐ \$2,500
☐ \$50 ☐ \$500 ☐ \$5,000
☐ \$100 ☐ \$1,000 ☐ Other Amount \$ _____

Donor Recognition Name(s) _____

☐ Enclosed is a check Made payable to Penumbra

☐ Please charge my card Select one below:

☐ American Express ☐ Mastercard ☐ Visa ☐ Discover

5 I'm ready to complete my order.

Calculate your total:

Subtotal A \$ _____

Subtotal B \$ _____

Donation \$ _____

GRAND TOTAL \$ _____

Credit Card Number

Expiration Date CV Code

Name on Card

Signature

Order by mail.

Return this form with credit card info or with a check made payable to Penumbra and send to the address below:

Penumbra
270 North Kent Street
Saint Paul, MN 55102

Order by phone.

Call 651.224.3180
Mon - Fri 10am - 4:30pm.

Helpful Information

Return form with payment before the deadline to receive priority seats.

Important

Your order will not be processed without payment. Checks and credit card charges will be deposited within six weeks. Tickets will be mailed to address on front of form. Penumbra reserves the right to adjust seat locations based on Production or Box Office needs. Programs, artists, prices, & dates subject to change.