

# Name a Seat(s) Campaign Donation Form



## Contributor Information

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

## Name Recognition

Naming opportunities is limited to 60 characters, including spacing and punctuation. Please print how you would like to name your seat(s).

1. Happy Anniversary John and Karen Smith <i>(EXAMPLE)</i> September 13, 1977

## Payment Options

- My check is enclosed payable to **RAISE THE ROOF FOR THE ARTS**
- To pay by Debit/Credit card go to: *sidneytheatre.org* and select "Giving"
  - I wish to remain anonymous
  - I would like to know more about endowment and capital gifts.
  - I am interested in volunteering at the theatre. Please contact me.

**THANK YOU!!!**



# Name Your Seat Choose Your Section

