

# *“Name That Chair!” Donation Form*

*Dream Theatre*

*629 N. Main St. · PO Box 654 · Russell, KS 67665  
785.445.1949 · www.dreamtheater.org*

I would like to help Keep The Dream Alive with a purchase of:

\$100 – Two Chairs

\$60 – One Chair

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

I would like to specify my chair number(s):

Number(s): \_\_\_\_\_

I would like you to assign my chair number(s).

I would like to be noted in donation lists.

I would like to remain anonymous.

\*Donations are tax-deductible\*