



DATE \_\_\_\_\_

# NAME THAT CHAIR DONATION FORM

NAME

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ADDRESS

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CITY

STATE

ZIP

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PHONE

E-MAIL

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I WOULD LIKE TO HELP KEEP THE DREAM ALIVE AND DONATE:

\$125-TWO CHAIRS

\$75-ONE CHAIR

NAME(S):

LOCATION:

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I WOULD LIKE TO SPECIFY MY CHAIR NUMBER(S)

I WOULD LIKE YOU TO ASSIGN MY CHAIR NUMBER(S)

I WOULD LIKE TO BE NOTED ON DONATION LIST

I WOULD LIKE TO REMAIN ANONYMOUS

FOR OFFICE USE ONLY

One Chair QTY \_\_\_\_\_ x \$75.00 = \_\_\_\_\_  
Two Chairs QTY \_\_\_\_\_ x \$125.00 = \_\_\_\_\_

TOTAL \_\_\_\_\_

Payment received by: CASH CHECK CREDIT CARD  
MAILED THEATER ONLINE