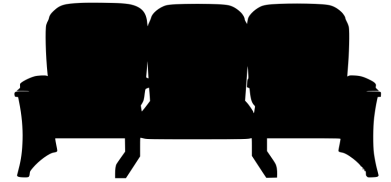


Sponsor a Seat



Arts Place, Inc. Legacy Campaign Gift Form

In honor of your \$1,000 gift to the Legacy Campaign, your name will be engraved on a high quality name plate, on the seat of your choice in the Hall-Moser Theatre.

Seat Inscription(s): _____

Desired Seat(s): _____

Seat locations will be accommodated when possible. Some seats already honor past donors.

Contact Name: _____

Address: _____ City: _____ State: _____

Donation Amount: \$1,000 x _____ = _____
Number of seats sponsored Total Donation

Payment Type:

- Check (Make Checks Payable to Arts Place, Inc.)
 Credit Card Type: _____ Card Number _____ Exp. _____
 Cash

Gift Type:

- I am making a one time gift paid at this time
 I am pledging my support to Arts Place, Inc.

I Pledge \$ _____ to be paid as follows:

\$ _____ at this time and

\$ _____ to be paid on the following schedule:

Beginning date: _____

Signature: _____ Date: _____

