

Take A Seat Order Form



Payment Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

# Seats in Legacy Hall in support of Schwab School of Music _____	# Seats in CSU Main Stage in support of Department of Theatre _____	Total Gift Amount made payable to CSU Foundation \$ _____
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In support of the Take A Seat program, I wish to make a gift as indicated below:

Single payment of \$500 Single payment of \$_____ (if purchasing multiple seats)

5 annual payments of \$100 each 5 annual payments of \$_____ (if purchasing multiple seats)

Check for \$_____ is enclosed My pledge will be paid as follows: _____

Credit card payment (circle one): Amex Visa MC Discover _____ Card Security Code: _____ Card Expiration (MM/YYYY): ____/____

Cardholder's Name: _____

Credit Card Number: _____

Signature: _____

Seat Plaque Inscription: Maximum of six lines

Requested Seat Number(s): _____

Please choose how each line of the inscription will read:

Line 1:	Given by <input type="checkbox"/>	Given in Honor of <input type="checkbox"/>	Given in Memory of <input type="checkbox"/>	In Honor of <input type="checkbox"/>	In Memory of <input type="checkbox"/>
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Custom wording for first line of inscription: _____

Line 2: _____

Line 3: _____

Line 4: _____

Line 5: _____

Line 6: _____