

CHARTER ARTS CAPITAL COMMITMENT FORM THEATRE CHAIRS

Donor Name: _____

Address: _____

Phone: _____ Email: _____

I AM INTERESTED IN PURCHASING THE NAMING RIGHTS TO _____ (number of chairs)

PREMIUM THEATRE SEAT(S) AT THE COST OF \$1,500 PER SEAT _____

Seats are located in the balcony overlooking the stage

AT THE COST OF \$500.00 PER SEAT

MY PREFERENCE FOR SEATING PLACEMENT WITHIN THE THEATRE IS:

_____ (based upon availability) BEST SEATS AVAILABLE _____

Payments will be made as follows:

One sum of \$ _____ and/or installments of \$ _____ to be made
() monthly () quarterly () annually () other

Or, please charge my gift to () Visa () MasterCard () AmEx

Card # _____ Exp. Date _____

REQUESTING NAMING OPPORTUNITY

Please print the name(s) as you would like it/them to appear on the chair(s).

Please keep my gift anonymous. ()

Signature: _____ Date: _____

*Please make all checks payable to: The Charter Arts Foundation, 675 East Broad Street, Bethlehem, PA
18018 / 610-868-2971 / www.charterarts.org*