

CAPITAL COMMITMENT FORM THEATRE CHAIRS

Donor Name: _____

Address: _____

Phone: _____ Email: _____

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



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 _____ CSC (Card Security Code) _____

I would like to pay the 3% service charge so my entire donation goes to Charter Arts _____.

Please make sure your name and address above matches your credit card statement

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, 321 East 3rd Street,
Bethlehem, PA 18015 / 610-868-2971 / www.charterarts.org*