

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 Schwob School of Music _____ # Seats in CSU Main Stage in support of Department of Theatre _____ Total Gift Amount made payable to CSU Foundation \$ _____

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 Given in Honor of Given in Memory of In Honor of In Memory of

Custom wording for first line of inscription: _____

Line 2: _____

Line 3: _____

Line 4: _____

Line 5: _____

Line 6: _____