

WOOD THEATER DONOR FORM

Yes, I wish to be a part of the theater and make a difference in supporting this community project:

Please check the appropriate box.

- The Donor Wall @ \$5,000 or more
- A New Theater Seat @ \$1,000
- 8" x 8" Brick @ \$250
- 4" x 8" Brick @ \$100

- General Donation Amount: \$ _____

Your name			
Street			
City		State/Zip	
Phone		Email	
Name as you wish it listed on the DONOR WALL:			
Message to be engraved on SEAT: (up to 3 lines)			
Line 1			
Line 2			
Line 3			
Message to be engraved on BRICK:			
8" x 8" (up to 6 lines, 14 characters, including spaces)			
4" x 8" (up to 3 lines, 14 characters, including spaces)			
Line 1			
Line 2			
Line 3			
Line 4			
Line 5			
Line 6			

Please select payment method:	
<input type="checkbox"/> \$ _____ Check enclosed	<input type="checkbox"/> \$ _____ Credit Card Please circle: (Visa or MasterCard)
Name as it appears on the credit card	
Account Number	
Expiration Date	

Thank you for your support. Please mail to: The Wood Theater, PO Box 2494, Glens Falls, NY 12801 (Checks should be payable to: The Wood Theater)