

## **Glens Falls Civic Center Foundation**

1 Civic Center Plaza, Glens Falls, NY 12801

## **Buy-A-Seat Campaign**

☐ YES! I want to put my name on a seat a  Tax deductible donation made by:	at The Glens Falls Civid	c Center!
Name:		
Address:	-	*
City:	State:	Zip:
Phone:Ema	ail:	
SEAT SELECTION  ☐ I would like to buy a seat(s) @ \$100 level		
Total # of seats @ \$ = Total Ar	mount of contribution \$	
SEAT PLAQUE(S)  I would like the following inscription on my seat plaque different inscriptions on each plaque, please attach a 1 character per space, up to 15 characters per line. Bi	note with what you would like lank spaces count as one cha	on each.) Please print/type clearly,
PAYMENT OPTIONS		
☐ Check: Please make checks payable to <b>Glens Fall</b> ☐ Credit Card: (check one) ☐ VISA ☐ MC ☐ Ame		Inc.
Card Number:	Expiration Date:	Security Code:
Name on card:		
Signature:		
Please return your completed form. You will receive a receipt once the plaque has been engraved and installed.	for your contribution and location	of the plaque

Send to: Glens Falls Civic Center Foundation, 1 Civic Center Plaza, Glens Falls, NY 12801 Fax to: 518-793-7750, or email Buyaseat@glensfallscc.com