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## Take Your Seat! Donation Form

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial (*required*): \_\_\_\_\_

Name of Organization (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Would like to receive e-newsletter:  Yes

### Payment Details

\$500  Other \_\_\_\_\_

### Method of Payment

Credit Card

VISA

MasterCard

Card Number: \_\_\_\_\_ Expiry: \_\_\_\_\_

Name as Appears on Card: \_\_\_\_\_ Security Number: \_\_\_\_\_

Cheque (*made out to the Chilliwack Arts & Cultural Centre Society*)

Cash

NOTE: Donors will receive a tax receipt for 100% of the donations made payable to the Chilliwack Arts & Cultural Centre Society.

Preferred Seat (subject to availability): \_\_\_\_\_ (ex. centre, house left, house right)

Text to be engraved on chair arm:

\_\_\_\_\_ 48 Point Font \_\_\_\_\_

\_\_\_\_\_ 24 Point Font \_\_\_\_\_

*24 Point Sample Font Size* (Max. letterspaces 50)

*48 Point Sample Font Size* (Max. letterspaces 32)