



# TAKE YOUR SEAT!

## Donation Form

9201 Corbould Street, Chilliwack, British Columbia V2P 4A6  
Telephone: 604.392.8000 Fax: 604.392.8001

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

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

Last Name: \_\_\_\_\_

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

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

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

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Would you like to receive The Centre's E-Newsletter:  Yes

Payment Details:

Preferred Seat #1 \_\_\_\_\_

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

Preferred Seat #2 \_\_\_\_\_ Method of Payment:

Credit Card

Visa  Mastercard

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

Name as it appears on card: \_\_\_\_\_ Security number: \_\_\_\_\_

Cheque (made out to the Chilliwack Arts & Cultural Centre Society)  Deposit for hold

Cash \_\_\_\_\_ hold to date \_\_\_\_\_ deposit total

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

For office use:

Paid  Confirmed Spelling  Ordered  Arrived  Installed  Informed

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

Text to be engraved on chair arm:

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

\_\_\_\_\_ 24 Point Form \_\_\_\_\_

*24 Point - Sample Font Size*

*48 Point Sample Font Size* (Max. 32 letter spaces)