ACT TWO

It is my/our pleasure to name a seat and make a donation.

SEAT DONATION

Gold Circle	___ seats	x $1,000/seat	= $_____
Main Floor	___ seats	x $750/seat	= $_____
Main Floor, Flex*	___ seats	x $500/seat	= $_____
Mezzanine	___ seats	x $500/seat	= $_____
Balcony	___ seats	x $350/seat	= $_____
		Total seat contribution	= $_____

GENERAL DONATION

ACT TWO Donation	___ check	___ credit card	= $_____

**Please note, flex seats are not permanent and may be moved.*

Total ACT TWO contribution = $_____

Date _____

Name(s) _____

PRINT YOUR NAME(S) AS YOU WOULD LIKE IT/THEM TO APPEAR IN PUBLICATIONS

Signature _____

Address _____

City _____ State ___ ZIP _____

Phone _____

Email _____

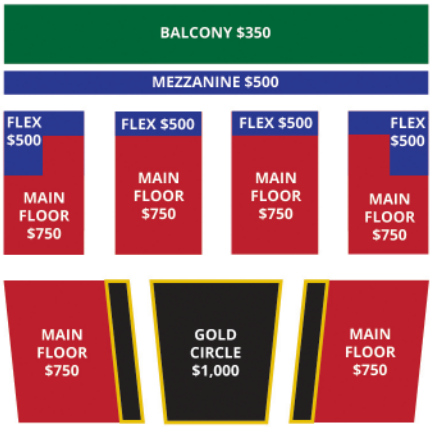
Credit Card Type _____

Card No. _____

CVV _____ Exp. Date _____

Multi-year payment options are available for major gifts.

Checks should be made payable to CCC ACT TWO CAMPAIGN and sent to: Capitol Civic Centre, PO Box 399, Manitowoc, WI 54221-0399



Seat Recognition

Please print your recognition as you would like it to appear on the seat (limit of 36 characters). For special requests, please call Peggy Pitz, 920-686-6423.

Recognition Examples

JOE A SMITH

IN MEMORY OF
JOE A SMITH

IN HONOR OF
JOE A SMITH

JOE A SMITH
FAMILY

My Recognition

Capitol Civic Centre reserves the right to approve all recognition names. Seats are available on a first-come, first served basis. Flex seats are reserved for patrons with accessibility needs. When they are not needed for a show, they are released as flex seating. If purchasing more seats, please copy this panel and attach to your form. Names from the 1987 renovation will be recognized on display at the Capitol Civic Centre.