

NAMING RIGHTS & DONATION FORM:

921 Veterans Boulevard	P.O. Box 1709	Ardmore, OK 73401	
DONOR INFORMATION:	DONOR RECO	DONOR RECOGNITION: (We would like to honor you and your commitment to the performing arts in our programs.)	
Name	arts in our prograr		
Otty		cluded in recognition:	
Zip	Engraving to be (Character limit: 0	used on seat nameplate(s):	
Email What is your preferred method of contact? Text Call Email		ITS INFORMATION:	
Date I am donating a total of \$	Seat(s) indi	cated in YELLOW CITY:	
Outright gift of \$		icated in PINK QTY:	
Multi-year gift of \$	Cther PAYMENT INFO		
with the first payment commencing: Month: Year:	Cash 0	How would you like to make your contribution? Cash Check Credit Card Cther.	
Would you like reminders for your payments? YES NO My donation will be matched by	□ Loonsent to	Please make checks payable to: Andmore City Schools I consent to having my credit card charged for my contribution	
I wish for my contribution to remain anonumous Signature X	Expiration (MM/V)	cvc	