

THEATRE CEDAR RAPIDS

BEST SEAT IN TOWN

THE BEST SEAT IN TOWN CAMPAIGN: DONATION ORDER FORM

YES! I want to be part of TCR's story!

Donor Information

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Seat Selection

Number of seat pairs: _____ (\$5,000 per pair)

I would like to choose my seat location (\$1,000 upgrade per pair)

Preferred seat location(s): _____

(Please refer to updated seat map on insert. You may be called to finalize available seating options.)

Payment Information

I am paying in full today.

I am making an initial gift of _____ today.

Please bill the remainder of my gift in equal amounts over the next _____ years (up to five).

I would like to receive statements Quarterly Semi-annually Annually

I would like to make payments by Check (made payable to Theatre Cedar Rapids) Stock ACH Other

By circling ACH and signing below, you authorize monthly withdrawals from your account in the amount of your recurring gift installment. ACH transactions take place on the 5th of each month or the first business day following the 5th.

Name on account: _____ Signature: _____

Routing Number: _____ Account Number: _____

COMPLETE PLAQUE INSCRIPTION INFORMATION ON BACK. 

Sponsorship does not reserve or guarantee show tickets in selected seats.

Campaign gifts are tax-deductible to the extent allowed by the law. Please check with your attorney or tax-advisor to determine the deductibility of any charitable gift. Receipts of gifts will be sent annually in the month of January for the previous year.

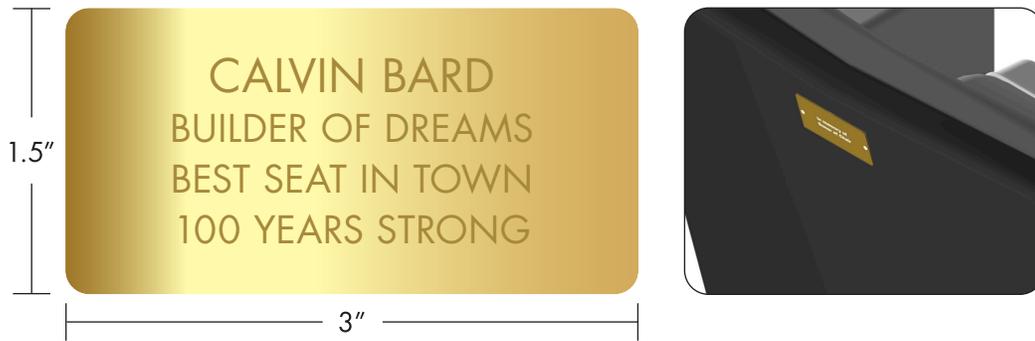
If you have questions about your gift, please contact Jacob Kilburg at jacob.kilburg@theatreocr.org.



Plaque Inscription

Each plaque includes space for up to four lines of text, 20 characters per line (including spaces).

EXAMPLE:



Please complete up to four lines of text for your first inscription:

LINE 1:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

LINE 2:

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LINE 3:

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LINE 4:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Please complete up to four lines of text for your second inscription:

LINE 1:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

LINE 2:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

LINE 3:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

LINE 4:

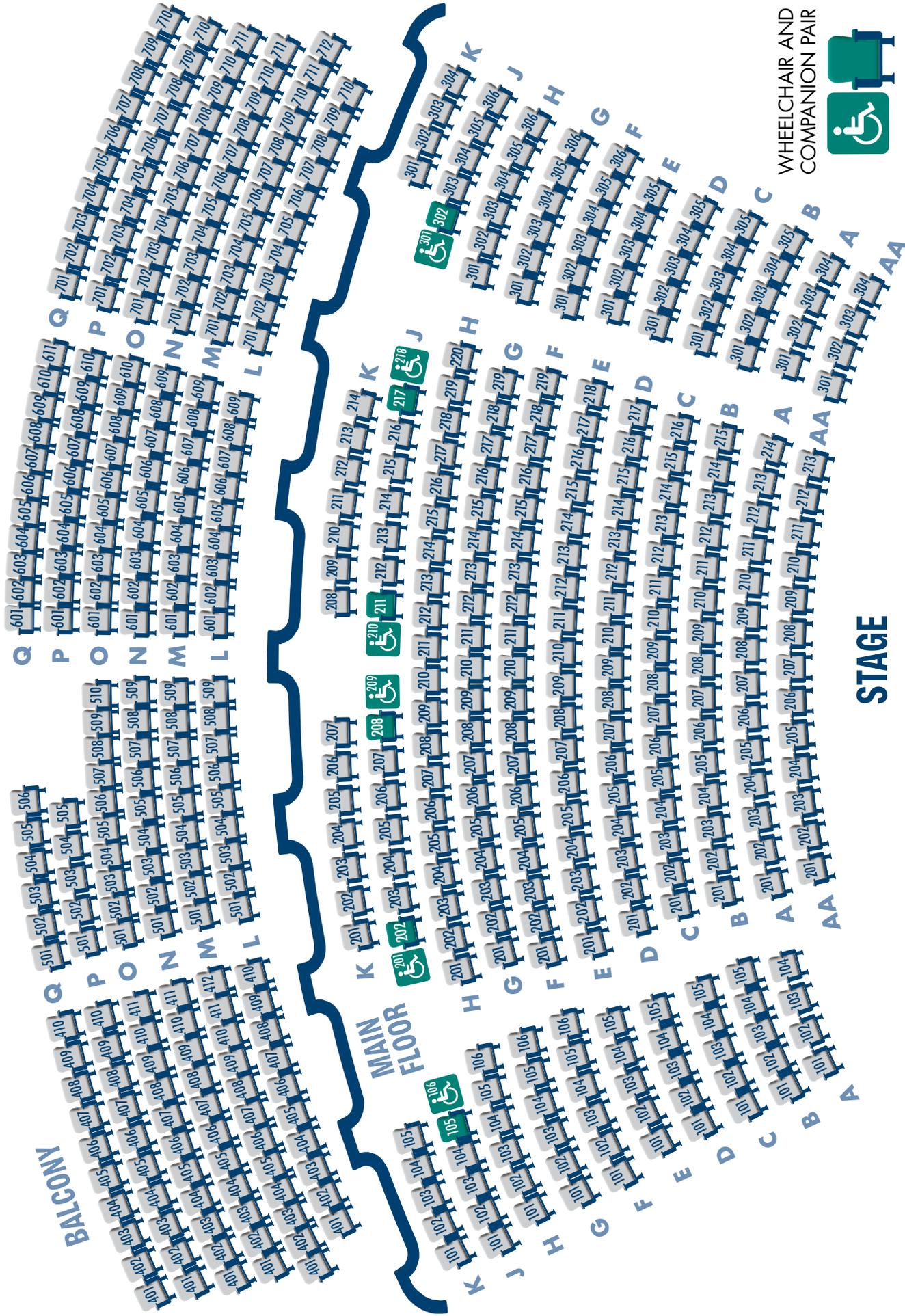
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Complete both sides of this form and return to
Theatre Cedar Rapids, 102 3rd St SE, Cedar Rapids Iowa, 52401
We're happy to help! Contact Jacob Kilburg at jacob.kilburg@theatre-cr.org for assistance.



INTRODUCING...THE NEW AND IMPROVED TCR AUDITORIUM SEAT MAP!

Please use this key to choose your row and seat numbers, and enter them in the seat selection portion of the order form.



WHEELCHAIR AND
COMPANION PAIR



STAGE