

Take A Seat Campaign Donation Form

Name

Address

Telephone

Email

Number of Seats

Payment: Card _____ Check _____ Cash _____

Credit Card Number

Expiration Date

CVC (3 numbers)

Seat Engraving – 3 lines with up to 21 letters on each line:

Plaque #1

Line 1 _____

Line 2 _____

Line 3 _____

Plaque #2

Line 1 _____

Line 2 _____

Line 3 _____

Mail to: **Take A Seat Campaign PO Box 45 Zumbrota. MN 55992**