Name Your Seat Pledge Agreement

Please return via mail or scan and send to jabel@ardentheatre.org.

Your generous donation will help ensure our future as a thriving theatre in Philadelphia and support our mission to bring to life great stories by great storytellers on stage, in the classroom, and in the community! Thank you!

		Information						
Na	me(s	s):						
Ad	dress	s:						
Cit	y:		State:	_ Zip:	Phone:	Email:		
		Yes, I/we want to name my seat(s) for the next generation of performances on the F. Otto Haas Stage! Number of Seats (\$1,000/seat)						
	Ple	lease print your preferred seat name below. (Two lines; Max 25 characters per line)						
	Pre	eferred Plaque Name:						
		e.g.: "In Memory of Mr. John Smith" John Smith and Jane Doe Mr. and Mrs. John Smith In Honor of Jane Doe With love from the Smith Family)						
	Please print your name(s) below as you wish to be acknowledged. Check here to remain anonymous.							
	Re	cognition Name(s):						
Pa	ıyme	ent Information						
	•	I would like to make my payment in installments. Please (circle choice) send a <u>pledge reminder</u> or <u>charge payment</u> to my credit card on the following dates (pledge to be fulfilled within 12 months):						
		1 <i>JJ</i>	(date) (date)			3 <i>J</i>	_/ (date) _/ (date)	
		I'd like to make monthly payments towards my pledge. Please charge my card in equal payments of (amount) once monthly on the (day) of the month.						
		My check payable to the Arden Theatre Company is enclosed.						
		I would like to make a one-time payment. Please charge \$ to my credit card.						
		Visa	Master(Card	AmEx	Discover		
		Card Number			Exp.	Date	CVV	
		Signature						
	<u> </u>	I would like to make my g Development Office at 21		• •		•	gifts, please contact the	
		I have included the Arden		•	•	J		

Arden Theatre Company's tax identification number is 23-2521993. Your gift is tax deductible to the full extent of the law.

Please note that this donation will not entitle you to complementary access for shows.