

Yes, I would like to “take my seat” at the Hopkins Center for the Arts!

NAME: _____

FULL ADDRESS: _____

E-MAIL: _____ DAYTIME PHONE: _____

Seats @\$250: _____

Total contribution: _____

My check is enclosed (made out to Friends of Hopkins Center for the Arts)

Please charge to my: VISA MasterCard

Account number: _____ Expiration Date: _____

Signature: _____ Security Code: _____

I would like to have my name or that of someone I wish to recognize on a seat donor plaque.

Exact wording (maximum of 2 lines, 15 characters/line):

Hopkins Center for the Arts will assign the seats and notify you of their location..

If you wish to name more than one seat, please provide wording and preferences for each seat on the reverse of this page.

I would like to remain anonymous.



Mail this completed form with check or credit card information to:

**Hopkins Center for the Arts
attn.: Seat Naming Campaign
1111 Mainstreet
Hopkins, MN 55343**

Thank you! Your contribution is tax deductible as allowed by law. Naming a seat does not in any way apply ownership of that seat. You are not guaranteed to be seated in the named seat when attending events in the theater.

Use the following if you wish to name more than one seat.

Seat #2

Exact wording (maximum of 2 lines, 15 characters/line):

Seat #3

Exact wording (maximum of 2 lines, 15 characters/line):

Seat #4

Exact wording (maximum of 2 lines, 15 characters/line):
