

“Name That Chair!” Donation Form

Dream Theatre

*629 N. Main St. · PO Box 654 · Russell, KS 67665
785.445.1949 · www.dreamtheater.org*

I would like to help Keep The Dream Alive with a purchase of:

\$100 – Two Chairs

\$60 – One Chair

Name(s): _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

I would like to specify my chair number(s):

Number(s): _____

I would like you to assign my chair number(s).

I would like to be noted in donation lists.

I would like to remain anonymous.

Donations are tax-deductible