



Seat Campaign Order Form

Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Number of Seats at \$250.00 each: _____ Total Paid: \$ _____

*I would like to donate an additional gift of \$ _____

*The full amount of your payment is tax-deductible

EXACT NAME & message to appear on the seat nameplate
(30 character maximum)

We gladly accept Visa, Mastercard, and American Express:

Card # _____ Exp. Date: _____

Please make *checks* payable and mail to:

Stadium Theatre Foundation
28 Monument Square
Woonsocket, RI 02895

Thank You for your Support!