

2020/2021 Leave Your Mark on the Arts Theatre Seat Order Form

CONTACT INFORMATION

Name: _____

Company Name (if applicable): _____

Business Telephone: _____ Residence Telephone: _____

Email: _____ Cellular: _____

Mailing Address: _____

City/Town: _____ Province: _____ Postal Code: _____

THEATRE SEAT ORDER

I/we would like to donate:

_____ Seat(s) at \$2,500.00 each = TOTAL \$ _____

PAYMENT INFORMATION

Payment by Parent Bond:
See enclosed signed Parent Bond Form.

Payment by Cheque:
I have enclosed a cheque payable to the **West Island College Society of Alberta** for the full amount to fulfill my pledge

Payment by Credit Card: \$ _____ Visa MasterCard
I authorize the **West Island College Society of Alberta** to debit my credit card for the full amount to fulfill my pledge
Credit Card # _____ Expiry _____ CVV _____

Payment by Electronic Fund Transfer: for the full amount to fulfill my pledge. A VOID cheque is required.

Payment by Multi Year Pledge: My pledge will be completed within: 1 Year 2 Years 3 Years
 4 Years 5 Years

I will make: Annual Payments Quarterly Payments Monthly Payments

The Advancement Department will be in touch to discuss the payment plan.

Receipts will be issued by **West Island College Society of Alberta** (BN 105645212 RR0001)
in compliance with Canada Revenue Agency (CRA) guidelines

RECOGNITION

I/we would like the seat plaque inscribed with the following:
Maximum 50 characters (spaces and punctuation count as a character)
The plaque will be displayed for the life of the seat.

Seat 1

Seat 2

Seat 3

Seat 4

Content subject to approval by the West Island College

AUTHORIZATION

Signature: _____ **Date:** _____

Please return your completed form to:
Attention: Advancement Department
West Island College
7410 Blackfoot Trail SE, Calgary, AB T2H 1M5

For further information please contact:
Debra Klippenstein, Executive Director of Advancement
(403) 255-5300 X308 / debraklippenstein@mywic.ca