

THE LIVELY ARTS • FISHER AUDITORIUM

IUP PERFORMING ARTS CENTER

Your Name _____ Banner ID (if known) _____

Address _____

City _____ State _____ ZIP _____

Phone (_____) _____ Email _____

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Gjb['Y'GYUh'''' Donated by _____ In Honor of _____ In Memory of _____
Name(s) _____

Fck'cZ'GYUhg'''' Donated by _____ In Honor of _____ In Memory of _____
Name(s) _____

I would like additional seats/rows and have included that in space provided.

Please send a gift card acknowledgement to:

Name _____

Address _____

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_____ Orchestra Level Seats x \$500 each = \$ _____

_____ Rows (12 seats min.) x \$5,000 each = \$ _____

_____ Balcony Level Seats x \$300 each = \$ _____

_____ Rows (13 seats min.) x \$3,000 each = \$ _____

\$ _____

Check enclosed, payable to "Foundation for IUP: Fund 8500"

Or, please bill me quarterly over 12 months per seat or 24 months per row and accept enclosed check or charge my credit card for the initial payment of \$ _____, at least \$125/seat or \$625/row. (Please contact us if you wish to arrange other payment options.)

Please charge my credit card:

Visa _____ eb form: 8500/livelyarts

Name as it appears on card _____

Acct. No. _____ Exp. Date _____

Sign/Credit Card _____

ORDER AND PAY OPTIONS

%''Df]bh'UbX'7c a d'YhY.' Just print this form off on your computer and complete it by writing in the necessary information and sending it with your payment or pledge amount.

&''DUm'GYW i fY'm'Vm'7fYX]h'7UfX'Cb`]bY. To make your payment online, please go to _____ and click on "Giving to the Lively Arts." Follow the information for "Take Your Seat." Once you have done that, we will be in touch with you to get all the necessary information.

QUESTIONS?

E i Ygh]cbg3' If you have any questions, complete the area above or contact the Annual Giving Office at (724) 357-5555 or contact the Lively Arts at _____ or (724) 357-2547.

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