



THE BEXLEY EDUCATION FOUNDATION
THEATRE SEAT DONATION

***Your gift to the Foundation is tax-deductible
within the limits of the law.***

Name _____ BHS Class of _____

Address _____

City/State/Zip _____

Phone (_____) _____ Email _____

I wish to donate _____ seat(s) at \$1,000 per seat for the:

_____ Bexley High School Theatre _____ Cassingham/Middle School Theatre

Plate inscription to read: **(maximum of 2 lines; 20 characters/line, including spaces)**

Lobby Plaque donor recognition name _____

Total Pledge \$ _____

Paid Now \$ _____

Balance \$ _____

Pledge Payments Option (Total pledge due within 3 years)

Month	Year	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Method of Payment:

Check enclosed for \$ _____ (Payable to The Bexley Education Foundation)

Credit card payment of \$ _____ Circle one: Visa Mastercard

Card Number _____ Exp. Date _____

Signature _____

_____ *I would like to discuss a planned gift to the Foundation. Please contact me.*

If you have questions or need additional information, please contact
The Bexley Education Foundation
348 South Cassingham Road
Bexley, OH 43209
614.338.2093
fax: 614.231.5037

www.bexleyeducationfoundation.org <http://www.bexleyeducationfoundation.org/>