

Actual plaque size is 3.5 in. x 1 in.

Please print the exact text for each engraved plaque. Print up to three lines for each seat, with a maximum of 20 characters and spaces per line. (Please make additional copies of form as needed.)

| SEAT ONE engraved plaque text | | | | | | | | | | | | | | | | | | | | |
|-------------------------------|-----|-----|------|------|-----|------|-------|--------|-----|-----|-----|-----|-----|-----|-----|-----|------|------|------|----|
| | Му | pre | ferr | ed s | eat | loca | atior | ı is I | ROV | V | | SE | AT_ | | _ | | No p | refe | eren | се |
| <u>_</u> | _ _ | _l_ | _ _ | _l_ | _l_ | _l_ | _l_ | _ _ | _l_ | _l_ | _l_ | _l_ | _ _ | _l_ | _l_ | _ _ | _l_ | _l_ | _l_ | _ |
| _ | _l_ | _ _ | _l_ | _ _ | _l_ | _l_ | _l_ | _l_ | _l_ | _l_ | _l_ | _l_ | _ _ | _l_ | _l_ | _ _ | _l_ | _l_ | _l_ | _ |
| _ | _ _ | _ _ | _ _ | _ _ | _l_ | _l_ | _ _ | _l_ | _ _ | _ _ | _ _ | _ _ | _ _ | _l_ | _ _ | _ _ | _ _ | _ _ | _ _ | _ |
| | | TW(| | _ | | • | | | | V | | _SE | AT_ | | _ | | No p | refe | eren | се |
| <u>_</u> | _l_ | _l_ | _l_ | _l_ | _l_ | _l_ | _l_ | _l_ | _l_ | _ _ | _l_ | _l_ | _ _ | _l_ | _l_ | _ _ | _l_ | _ _ | _l_ | _ |
| <u>_</u> | _l_ | _l_ | _l_ | _l_ | _l_ | _l_ | _ _ | _l_ | _ _ | _l_ | _l_ | _ _ | _l_ | _l_ | _ _ | _l_ | _l_ | _l_ | _l_ | _ |
| | | | | | | | | | | | | | | | | | | | | |

The Anderson Center will attempt to honor all seat location requests on a first-come, first-served basis.

Seat sponsors must purchase tickets to any performance at the Anderson Center and are not guaranteed seating in chairs bearing their names.

Seat-naming rights will not extend beyond the normal life of the Anderson Center Osterhout Concert Theater.

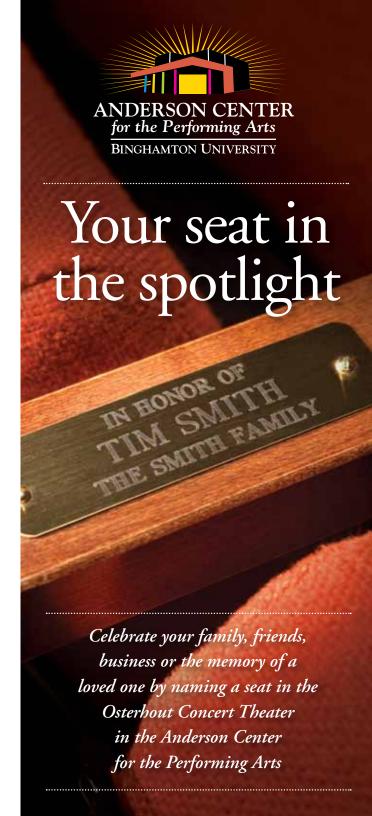
The Anderson Center has the right to reject any seat name where the proposed text for the engraved plaque contains unacceptable language and/or does not abide by Binghamton University's standards. In such circumstances, the \$500 donation payment will be returned to the payor if an alternate text engraving cannot be negotiated between the parties.

BINGHAMTON UNIVERSITY

STATE UNIVERSITY OF NEW YORK

Anderson Center for the Performing Arts Binghamton University PO Box 6000 Binghamton, NY 13902-6000

> 607-777-6802 anderson.binghamton.edu



We saved you a seat. Now put your name on it.

An Anderson Center Osterhout Concert Theater seat donation makes a terrific gift for an arts lover or the person who has everything, and is a wonderful tribute to a family member or loved one.

With a \$500 donation to the Anderson Center Seat Naming Fund, you have the opportunity to take "Your Seat in the Spotlight" and enjoy having your name, or the name of another person you wish to honor, laser-engraved on an elegant plaque attached to the arm of a theater seat.

The engraving you select will let other patrons know that you supported the Anderson Center. You will ensure the future of this theater and play a part in enhancing our community's way of life.

Gifts to this fund will support equipment purchases and maintenance.

Be serious or poetic, sentimental or clever. You can dedicate a seat:

- As an individual, couple or family
- For your children, grandchildren or parents
- In memory of a loved one
- With the name of your business or organization
- Marking a birthday, anniversary or other special occasion
- To honor a retiring employee
- With your favorite quotation

Anderson Center Seat Naming Fund

Yes! Save my seat(s) with my enclosed donation!

Please return completed form with payment to address below.

| Donor's name | | | | | |
|---|------------------------|----------------|--|--|--|
| Address | | | | | |
| City | | | | | |
| Daytime phone | | | | | |
| | | | | | |
| Evening phone | | | | | |
| E-mail address | | | | | |
| ☐ Alumnus/a, class year | _ □ Faculty/Staff | ☐ Friend | | | |
| ☐ I would like to name | _seat(s) at \$500* | each | | | |
| for a total contribution of \$ | | | | | |
| to the Anderson Center Seat Nata *Please note that employer matching gifts of contribution amount to name a seat. | • , | • | | | |
| $\ \square$ I wish to receive joint credit with m | y spouse: | | | | |
| Spouse's full name (and class year if sp. | ouse is a BU graduate) | | | | |
| ☐ Enclosed is my check payable to B | inghamton Universit | y Foundation. | | | |
| ☐ Please charge my (circle one): VI | SA MasterCard A | mEx Discover | | | |
| | | / EXP. DATE | | | |
| ACCOUNT NUMBER | | EXP. DATE | | | |
| SIGNATURE | | SECURITY CODE | | | |

MAIL PAYMENT AND ORDER FORM TO:

Anderson Center
Binghamton University
PO Box 6000
Binghamton, NY 13902-6000

Your gift is tax deductible as allowed by law.

ande/broch Account #10386

Form continues on reverse.