Stantage Comments	
Take a	a Seat:
	1 the disease (\$000)

The second of th	NAME:	
Pil Take a Seat:	STREET ADDRESS:	
I I I I I I I I I I I I I I I I I I I	CITY:	STATE: ZIP:
	PHONE:	ALT. PHONE:
-available now for a contribution of \$350-	EMAIL ADDRESS: _	
☐ My check in the amount of \$ is enclosed OR	Charge \$	to my: \$
Credit Card No	Exp. Date	/ CVN:
Signature (required for credit card gifts)		Date:
Please print your name (and dedication, if desired) as you wish it to	o appear on the thea	tre seat:
		BAY CITY BAY CITY GREAT THEATRE LIVES HERE