Please Take A Seat...

Complete one application form per named seat, and mail to:

Rod Rock, Director
Jorgensen Center for the Performing Arts | University of Connecticut
2132 Hillside Road, Unit 3104 | Storrs, CT 06269-3104

Donor Information

Your Name _____
As you wish to be recognized in donor listings

Address _____

City/State/Zip _____

Phone _____ Cell _____

Preferred Email _____

Please accept my gift of ☐ $500 ☐ Please list my gift as an anonymous donation ☐ Please do not include my name in donor listings

Seat Selection

☐ I would like to be assigned a named seat ____ On the main floor _____ In the mezzanine

☐ I would like to select a specific seat. Please contact me to make arrangements.

Please engrave the following message on my plaque.

28 Characters per line maximum. Only one character, punctuation mark per box. *Please print clearly.*

Payment

☐ Check, made payable to the University of Connecticut Foundation, Inc. Please indicate *Jorgensen Seat Naming Campaign* in check memo line.

Please charge my credit card: ☐ Visa ☐ Mastercard ☐ Discover ☐ American Express

Credit Card # _____Exp_____ 3 digit Security Code _____

Signature _____

☐ I prefer to be contacted for my credit card information. I have signed the line above.

University of Connecticut Faculty and Staff ☐ I would like to give my gift through payroll deduction.

Go to http://www.foundation.uconn.edu/cmsdocuments/2010_cth_payroll_form.pdf to download a payroll deduction form.

Please mail both forms to the above address. *Gift must be complete within 26 pay periods.*