KIM CHRISTISON SCHOLARSHIP ENDOWMENT

Theatre Seat-Naming Campaign

Yes, I would like to name a seat in the Kim Christison Theatre. Please accept my gift of:	
\square \$100 for one (1) seat, or \square \$200 for two (2) seats in the <i>Henrik Ibsen</i> section.	
	\$500 for two (2) seats in the <i>Moliere</i> section.
	\$1,000 for two (2) seats in the <i>William Shakespeare</i> section.
Preferred seat(s) or general locati	ion: (Example: Row 1, Seat 1)
to the Kim Christison Scholarsh	is time, but would like to make a contribution of: \$ip Endowment. ships for Snow College theatre students.)
DONOR INFORMATION	
NAME:	
(as you would like to be recognize ADDRESS:	
CITY:	STATE: ZIP: ZIP:
PHONE: (
☐I would like my gift to be anony	mous. Please do not include my name in related donor listings.
PAYMENT INFORMATION	
	eceived in full before the seat plaques can be produced and installed.)
_	ole to Snow College Foundation enclosed.
	rd: Amex Visa Master Card Discover
EXPIRATION DATE:	SECURITY CODE:
SIGNATURE:	DATE:
PLAQUE DEDICATION TEXT	
•	ushed aluminum with black type. Two lines of text are permitted, with
•	iding spaces). For additional seats, please use the reverse side of this
SEAT ONE:	
SEAT TWO (If purchasing two):	
	

For more information (or to set up a 1 year pledge to pay) contact Janie Harris at 435-283-7062 or by email at alumni@snow.edu. Please send your payment and this form to the Snow College Foundation, 150 College Ave. Ephraim, UT 84627.