



RESERVE A SEAT

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NO: *(Home)* _____ *(Work)* _____

EMAIL: _____

Yes, I would like to reserve a seat in the NAHS Performing Arts Center!

In Memory/Honor of:

Enclosed is my gift of \$1000.

I pledge \$1000 to be paid as follows, with the first payment enclosed:

Two payments of \$500

Four payments of \$250

Ten monthly payments of \$100

Twenty monthly payments of \$50

PAYMENT METHOD

CHECK *(Please make payable to Nazareth Academy High School)*

VISA/MASTERCARD

NAME: *(as appears on credit card)* _____

CREDIT CARD NO: _____ EXP. DATE: _____

SIGNATURE: *(required)* _____