

# Ladies and Gentlemen, It's Time to Take a Seat.

## THE SEAT-NAMING CAMPAIGN FOR THE DOUGLAS AND BEATRICE COVINGTON CENTER FOR VISUAL AND PERFORMING ARTS

To make your gift by mail, please print, complete and return this gift card to:

University Advancement  
Radford University  
P.O. Box 6915  
Radford, VA 24142  
(540) 831-5407

I would like the person(s) I am honoring to receive notification of the gift.

I prefer that my name not be acknowledged on printed materials or online.

I would like the following engraved on the plaque(s). Please remember:  
20 characters on three lines. Only one letter, punctuation mark or space per box. *Please print clearly.*

### SEAT 1


### SEAT 2


Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (            ) \_\_\_\_\_

Cell (optional): (            ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

SEAT 1

Honoree's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (            ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

SEAT 2

Honoree's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (            ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Enclosed is my check payable to *Radford University Foundation, Inc.*

Monthly credit card payments\*       One-time credit card payment

\* number of payments: \_\_\_\_\_ amount per month: \_\_\_\_\_ start month: \_\_\_\_\_

Visa       MasterCard

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_

CVV2 #: \_\_\_\_\_ (this is the 3-digit # on the back of your card)

Signature: \_\_\_\_\_

Pay by electronic bank draft. Please contact me with further information.

#### RU FACULTY AND STAFF:

Following my initial gift of \$100, I would like to give the balance through payroll deduction. I am enclosing a completed payroll deduction form.

My/my spouse's company will match this gift. The matching gift form is enclosed.

Company name \_\_\_\_\_

Please note: *Naming a seat does not guarantee seat location or seat availability for performances.*

*Contributions are tax deductible as allowed by law.*

# RADFORD UNIVERSITY