Shanklin Theatre 'Name a Seat' Donation Form



	Donation			
Ondon # Downson		ce Use Only		
Order # Payment	Received Seat #	Certificate Is	sued Plaqu	e Affixed
Please complete in CA	PITALS / select option	ons with X Date:		
Mr Mrs	Miss	Ms	Dr Re	ev
First Name:		Last Name:		
Address Line 1:		Telephone:		
Address Line 2:		Mobile:		
Town:				
County:				
Postcode:				
Country:				
Email:		'		
Plaque Wording (pleas	o uso CARTTALS) ——			
Line1 (max 27 chars				
Line2 (max 27 chars	incl spaces):			
Line3 (max 27 chars	incl spaces):			
Text Colour(choose 1)	: Black(£100)	Red(£125) Gr	een(£125) B1	ue(£125)
Payment Method: 0	ash Cheque	Card		
Plaques will be	p donations last for removed after 10 yea may not be available	ers unless the spons	sorship is renewe	d
Form Completion: This form may be comp device. To save the f browser select 'print	orm to your device af	fter completion usi		
Alternatively the for	m may be printed and	completed by hand.		
Returning The Complet The completed form ma posted to: Box Office The Box Office will c	y be emailed to the E , Shanklin Theatre, S	Steephill Road, Sha	nklin, Isle of Wi	ght PO37 6AJ.
When posting the form 'Shanklin Theatre Lim		e, please include tl	ne cheque, payabl	e to
<u> </u>	www.shanklintheatr	<u>e.com</u> 0198	3 868000	