

Tater Patch Players Community Theater

Donation Seat(s) Form

Date	
Name	
Address	
Phone	
Email	
Donation Amou	int_\$
	(minimum \$250, two seats minimum \$500)
Seat Location(s	s)
Insignia Plaque	
	(maximum 2 lines, 15 characters per line (including spaces))

Rev: KLH 6/27/24