

# Please, Take Your Seats.

## CONTACT INFORMATION

Date: \_\_\_\_\_

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

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

City, State, ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

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

## PLEDGE

I/We hereby pledge a total of \$ \_\_\_\_\_  
to the Kauffman Center for the Performing Arts capital seat  
campaign for the endowment.

- \$2,500 per seat      Number of seats: \_\_\_\_\_
- \$5,000 per seat      Number of seats: \_\_\_\_\_
- \$10,000 per seat      Number of seats: \_\_\_\_\_

## PAYMENT TERMS

The following represents my preferred payment terms:

### Installments

Frequency \_\_\_\_\_  
*(monthly/quarterly/semiannually/annually)*

Payments will be made according to the following schedule:

_____	_____	_____	_____
Date	Amount	Date	Amount
_____	_____	_____	_____
Date	Amount	Date	Amount
_____	_____	_____	_____
Date	Amount	Date	Amount
_____	_____	_____	_____
Date	Amount	Date	Amount

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

### Lump Sum

To be paid on or about \_\_\_\_\_  
*(month/day/year)*

Payment method: *(check applicable)*

- CHECK payable to the Kauffman Center for the Performing Arts
- CREDIT CARD     MC     Visa     AmEx     Discover

Credit card number: \_\_\_\_\_

Name as appears on card: \_\_\_\_\_

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

Expiration date: \_\_\_\_\_

- OTHER *(e.g., stock, securities, etc.)*
- MATCHING GIFT *My company's matching gift form is enclosed.*



## GIVE A GIFT THAT CAN NEVER BE FORGOTTEN.

Have a seat at the Kauffman Center for  
the Performing Arts engraved with the name  
of someone you love and make a lasting impression  
on the cultural future of our community.



**Kauffman Center**  
FOR THE PERFORMING ARTS

816.994.7200

Christopher Beal - 816.994.7219  
cbeal@kauffmancenter.org

kauffmancenter.org



**Kauffman Center**  
FOR THE PERFORMING ARTS

**Please, Take Your Seats.**

## **Recognition**

### **ENGRAVE MY SEAT WITH THESE INSCRIPTION(S):**

Maximum of 100 characters, including spaces and punctuation, to fit on four lines of the seat plaque • 25 characters per line • Please fill in the blocks with UPPERCASE letters exactly as they should be engraved • Leave a space between words and include punctuation • Spaces count as (one) character each.

**Donor Name:** \_\_\_\_\_


**Seat Plaque #1**


**Seat Plaque #2**

Please mail or fax the completed form to:  
**Kauffman Center for the Performing Arts • Attn: Lisa Shepard • 1601 Broadway Blvd. • Kansas City, MO 64108**  
**Office: 816-994-7215 • Fax: 816-994-7201 • Email: [LShepard@KauffmanCenter.org](mailto:LShepard@KauffmanCenter.org) • Federal Tax ID #43-1866550**