

My/our commitment to enhance the cinema experience at the new UW-Parkside Student Center is described below.

Donor Name(s)

Address

City State Zip

Home Phone Office Phone

Email

Please contact me by (circle all that apply):

Mail E-Mail

Home Phone Work Phone

BEST IN THE HOUSE

Center Section, Center Rows
\$750 x _____ seats

PREMIER

Center Section, Back Rows
\$500 x _____ seats

CINEMA FAN

Center Section, Front Rows
\$250 x _____ seats

FAN

Left and Right Sections
\$125 x _____ seats

Total number of seats _____

Total gift \$ _____

A check for the full amount is enclosed.
Please make checks payable to the "UW-Parkside Benevolent Foundation"

Please bill me quarterly beginning _____ 2008.

Please charge my credit/debit:

Visa/MasterCard #

Expiration Date

Signature

Please list the name for each seat dedication. Plaques are limited to two lines of 18 characters – including spaces – per line.

Seat 1

Seat 2

Seat 3

If you would like to purchase more than three seats, please attach a list of the dedications.

I/we wish to appear in public listings of donors as:

 Please omit me/us from public listings of donors.

I have included UW-Parkside in my estate plan.

Tell me about gifts of life insurance, real estate and other forms of planned giving to UW-Parkside.

THANK YOU FOR YOUR GIFT!

Mail to:

University of Wisconsin-Parkside
Benevolent Foundation, Inc.
P.O. Box 2000
Kenosha, WI 53141-2000

University of Wisconsin-Parkside
Benevolent Foundation, Inc.
IRS EIN 39-1522072