

Yes, I would like to like to be part of the history at UW-Parkside by naming a chair in the Frances Bedford Concert Hall and supporting the music program for years to come (\$300 per chair)																					
Donor Information																					
Your Name (As you	wish	to be	recog	gnize	d):																
☐ I/We wish to			-																		
Address:																					
City:																					
Preferred Phone:						Preferred Email:															
Please engrave the following message on my plaque: Please print clearly. 17 characters per 3 lines maximum. Only one character, including punctuation marks, per box. Text will be centered when engraved. Actual plaque measures 3/4" by 2 1/2".																					
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☐ Please choose the best available chair for me. ☐ I would like to choose my chair. (We will be in touch with you)																					
Payment Information																					
Please accept my gift of \$																					
The minimum donation per seat is \$300. Your contribution may be paid in full or in two installments of \$150 per year. □ Enclosed is my check, made payable to UW-Parkside Foundation □ Pain in Full □ First Installment																					
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☐ Please charge my credit card											Plo	eas	e Note):							
Account #:															กre n	nuet	ctill	nur	chase	ticket	łe
Account Type: MC VISA Discover AMEX Expiration Date: Cardholder's Name:													to any	perf	orma				ances		
													conce	rt hal	l.						
Signature: Today's Date:												 Seat name recognition does not guarantee that particular seat for future performances. 									
For more information, please contact Melissa Greiner at greinerm@uwp.edu or 262-595-2404.																					1
Mail Completed F	orm t	0:	UW-	Park	side	Foun	datio	n				•	Plaques will be affixed to armrests on a								

900 Wood Road | P.O. Box 2000

www.uwp.edu/giving/bedford.cfm

Kenosha, WI 53141-2000

monthly basis. If your gift is made in two

installments, your plaque will be affixed

once your pledge is complete.