

“MAKE YOUR MARK” ORDER FORM

(Please Print Clearly)

Name: _____ Phone: _____

Address: _____

Email: _____

I would like to donate to the “MAKE YOUR MARK” Campaign: (Please select option below)

(If you would like to purchase more than 2 seats please contact us for pricing.)

\$150.00 for 1 seat: _____ \$250.00 for 2 seats: _____ **OR** Annual Fund: Amount \$ _____

Seat Preferences: (please list row and seat number(s), if we cannot accommodate any of your choices, we will contact you.)

Choice 1: _____ Choice 2: _____ Choice 3: _____

What would you like it to say: (if you are purchasing 2 or more seats please print another form and attach it.)

What would you like printed on the plaque: (Print Clearly)

(Limit 30 characters per line, including spaces and punctuation.)

Line 1 _____

Line 2 _____

Line 3 _____

Line 4 _____

Please Charge My Credit Card: \$ _____

(if paying by check please include check # _____ and make payable to PCT.)

Card # _____ - _____ - _____ - _____ Exp: ____/____

CV Code: (back of card 3 digits code) _____

Signature: _____ Date: _____

**Mail to: PCT Box Office, PO Box 11056, Attn: “Make Your Mark” Campaign,
Newport News VA 23601**

PCT is a 501c3 Non-Profit Organization and your donation is tax deductible.