## ADOPT-A-SEAT



## Create a lasting legacy at the Sunrise theatre

## Please reserve my place in the Sunrise Theatre history! Please fill out this form and return to the address provided or e-mail.

NAME:				
ADDRESS:				
СІТҮ		STATE	ZI	Р
PHONE		EMAIL		
I/we would like	seats at \$1,000 C	orchestra		
	seats at \$500 M	ezzanine		
	seats at \$250 Ba	lcony		
For a total of	seats			
My preferred seat loc	ation is: Row	Seat	(Please refer to sea	ting chart on last page)
For additional Ir		nne Satterle e@sunriset	· •	rector at 772.467.3027
PAYMENT OPTIONS				
Check: Payable to Sur	nrise Theatre for \$			
Please charge my:	Visa Mastercard			
CARD#		_EXPIRATIO	N DATE	SECURITY CODE#
SIGNATURE				

For each seat donation, print up to three (3) lines, with a maximum of 20 characters and spaces per line. Please print the exact text for the seat back.

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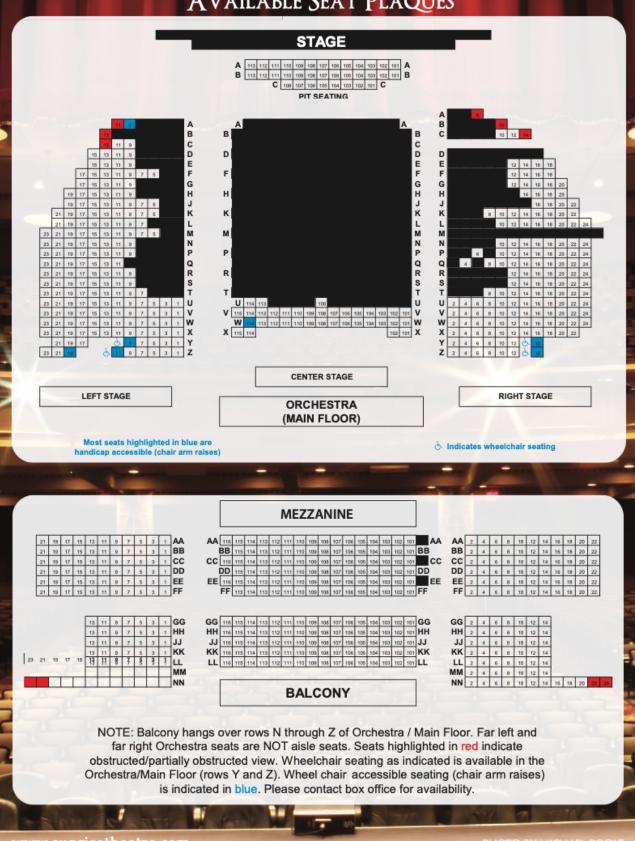
0	My gift is in honor of
0	My gift is in memory of
0	Please send notice of this gift to:
	NAME
	ADDRESS
	CITYSTATEZIP

○ I Want my/gift to be anonymous.

Seat sponsors must still purchase tickets to any performance at the theatre and are not guaranteed seating in chairs bearing their names. All contributions are full tax-deductible within limits of Federal and state laws.

Thank you for taking "Your Seat In The Spotlight"

## SEATING CHART AVAILABLE SEAT PLAQUES



www.sunrisetheatre.com

PHOTO BY MICHAEL POOL