

# FIELD ARTS & EVENTS HALL

219 N. OAK ST.  
1ST FLOOR  
P.O. BOX 71  
PORT ANGELES  
WA 98362

360.477.4679  
FIELDHALLEVENTS.ORG

## SEAT NAMING PLEDGE & DONATION FORM:

Pledges/Donations may be sent to: P.O. Box 71, Port Angeles, WA 98362

The Port Angeles Waterfront Center DBA Field Arts & Events Hall is  
a not-for-profit 501 (c)(3); federal ID #81-3062077

All gifts are tax deductible as provided by the law

### DONOR INFORMATION:

(Please type or print)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### DONOR RECOGNITION:

(Please allow us to honor you and your  
commitment to our community in our  
campaign materials)

Please use the following name(s) in all  
acknowledgements:

\_\_\_\_\_  
\_\_\_\_\_

Please engrave the following on seat nameplate(s)  
(if different than above):

\_\_\_\_\_  
\_\_\_\_\_

### PLEDGE INFORMATION:

I (we) hereby contribute cash and/or assets  
to the Port Angeles Waterfront Center Capital  
Campaign.

Date \_\_\_\_\_

Towards \_\_\_\_\_

I (we) pledge a total of \$ \_\_\_\_\_

Outright gift of \$ \_\_\_\_\_

Multi-year gift of \$ \_\_\_\_\_

### PAYABLE:

Annually  Semi-Annually

Quarterly  Monthly

with the first payment commencing:

Month: \_\_\_\_\_

Year: \_\_\_\_\_

Please send reminders:

Yes  No

### PAYMENT INFORMATION:

I (we) plan to make my (our) contribution in the form of:

Cash  Check  Credit Card

Stock  Property  Other: \_\_\_\_\_

Please make checks payable to:

**Port Angeles Waterfront Center**

PA High School Class Year — \_\_\_\_\_

T-Shirt? (\$2.5K +) \_\_\_\_\_

Please charge my VISA, Mastercard, or Discover credit  
card.

(Please note, credit card payments will  
incur an additional charge of 2.9% to cover  
the processing fee)

Credit Card Number \_\_\_\_\_

Expiration (MM/YY) \_\_\_\_\_ / \_\_\_\_\_ CVV \_\_\_\_\_

Authorized Credit Card Signature \_\_\_\_\_

My gift will be matched by \_\_\_\_\_

(Company/Family/Foundation)