

SCORE A SEAT Donation Form

Thank you for purchasing a seat at the Brandon University Healthy Living Centre. Your gift demonstrates that the health and vitality of the community are important to you. We are pleased to acknowledge this gift on the designated spectator seat(s) and a special donor board. If you wish to remain anonymous, "A Generous Person" will be used. Please indicate below your seat preference and the wording to appear on the recognition plaque. Please note that wording is limited to 40 characters.

Select & Name Your Seat(s)

Section: ____ Row: ____ Number: ____ In Memory* In Honour* Anonymous*

Inscription

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Inscription

Section: ____ Row: ____ Number: ____ In Memory* In Honour* Anonymous*

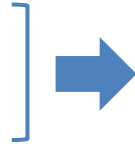
Inscription

Section: ____ Row: ____ Number: ____ In Memory* In Honour* Anonymous*

Inscription

Total # of Seats: * if applicable

Centre Court (Section C) ____ X \$1000
 Three-Point Line (Sections B & D) ____ X \$750
 Baseline (Sections A & E) ____ X \$500



Total Donation: \$ _____
 -Thank you!

Seats will be available on a first come, first serve basis. Brandon University reserves the right to approve all inscriptions and will consult with donors when changes are necessary. The gift of purchasing a seat indicates recognition on the chosen seat, and not the right to sit in the seat at games and events. Score a Seat naming will be in effect until 2034. Seat numbering is for the purpose of selecting your seats as the seats are not physically numbered.

Name: _____ Telephone: (_____) _____

Address: _____ City: _____

Email: _____ Postal Code: _____

Please plan to fulfill your pledge within two years.

I/We wish to fulfill my/our pledge by: One payment Monthly Quarterly Annual Installments

Via: Cheque Post-dated cheque(s) (enclosed, payable to Brandon University Foundation)

Credit Card – Please bill my credit card \$_____ every ____ months beginning _____ (date) until pledge is complete.

Name as it appears on credit card: _____ Expiry date: ____ (m)/____ (y)

Credit card number: _____ Signature: _____

PLEASE RETURN COMPLETED FORM TO: Brandon University- Institutional Advancement
 270-18th Street Brandon, MB R7A 6A9
 Brandon, MB R7A 6A9

Questions: www.brandonu.ca/scoreaseat
 Call 204-727-7374
 Email: build@brandonu.ca