

## Plaque for Sanctuary Chair Letters

**Name:**

**Back of seat number:**

**Payment information:**

**\$400 per plaque**

Name \_\_\_\_\_

Number of Plaques \_\_\_\_\_

Address/City/St/Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_ Security \_\_\_\_\_

Cash/Check # \_\_\_\_\_

Total Amount Paid \$ \_\_\_\_\_

Can be paid in one to four payments