

Signature

Take Your Seat

Yes! I would like to **Take a Seat** at the Harris Theater for Music and Dance: □ \$25,000 (Orchestra Center) □ \$10,000 (Orchestra Right or Left) Preferred Row or Seat Location: Please note that naming a seat does not affect or guarantee seating or ticket availability for Harris Theater performances. ☐ I would like to make an additional donation in the amount of: \$ ☐ I do not wish to take a seat at this time, but would like to make a donation in the amount of: \$ **Contact Information:** Address Name City/State/Zip Telephone E-mail How would you like your plague engraved? **Payment Options:** ☐ Enclosed please find my check payable to **Harris Theater for Music and Dance**. ☐ Please charge my credit card for the amount indicated above: □ AmEx ■ MasterCard ☐ Visa □ Discover Card Number Exp. Date Name on Card ☐ I would like to make a pledge for the amount indicated above, payable over years, and would like to receive a reminder on ______.

The Harris Theater for Music and Dance is most grateful for your contribution. Please return completed form to:

Date

Harris Theater for Music and Dance Development Department Take Your Seat Attn: Cate Mascari 205 East Randolph Drive Chicago, IL 60601