

**RE:- Bexley Education Foundation Endowment for the Arts.**  
Enriching the Lives of Our Children

**Order Form-**

Donor Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

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

Graduation Year if Applicable \_\_\_\_\_

I wish to donate \_\_\_\_ seat(s) at \$1,000 for the:

\_\_\_\_ Bexley High School Theatre    \_\_\_\_ Cassingham/Middle School Theatre

If this is a gift, please enclose information fo an acknowledgement.

Plate inscription to read: (maximum of 2 lines; 20 characters, including spaces, per line.)

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Lobby Plaque donor recognition name \_\_\_\_\_

Total Pledge \$ \_\_\_\_\_

Paid herewith \$ \_\_\_\_\_

Balance \$ \_\_\_\_\_

Pledge Payments

Month    Year    Amount

\_\_\_\_\_    \_\_\_\_\_    \$ \_\_\_\_\_

\_\_\_\_\_    \_\_\_\_\_    \$ \_\_\_\_\_

\_\_\_\_\_    \_\_\_\_\_    \$ \_\_\_\_\_

\_\_\_\_ Enclosed is my check for \$ \_\_\_\_\_ for \_\_\_\_\_ theatre seats

\_\_\_\_ I do not wish to donate a theatre seat, but I have enclosed a tax-deductible gift to support the The Bexley Education Foundation Endowment for the Arts

**Please make your checks payable to: The Bexley Education Foundation**  
**348 S. Cassingham Road, Bexley, Ohio 43209**  
**Any Questions, please call (614) 338-2093**

All gifts to the Foundation are tax deductible in accordance with IRS guidelines.