

**“Name a Chair”
The Rotwitt Theater of McShain Performing Arts Center**

Commitment & Pledge Form

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Year of Graduation (if applicable): _____

Number of Chairs: _____ @ \$1,000 each = Total Donation \$ _____

Names to be Recognized:

*Include text below – maximum of 50 characters, including spaces and text such as: “In Memory of”
or “In Honor of”*

Chair #1: _____

Chair #2: _____

Chair #3: _____

Chair #4: _____

Chair #5: _____

I agree to pay my donation (check one):

_____ In full through one payment

_____ Over time through _____ payments of \$ _____ each

*If paying by check, please make check payable to Rosemont College. Or complete the credit card
(VISA, MasterCard, Discover, or American Express) information below:*

Name on card: _____

Credit card number: _____

Exp. Date: _____ Security Code: _____