## Langdon Playhouse - "Take-a-Seat" Campaign **Contributor Information** City: \_\_\_\_\_\_ State: \_\_\_\_\_ ZIP:\_\_\_\_\_ Phone: \_\_\_\_\_\_ Email: \_\_\_\_\_ Optional plaque information is limited to three lines of 32 characters, including spaces and punctuation. Attach an additional sheet for multiple naming opportunities. Langdon Playhouse - "Take-a-Seat" Campaign **Contributor Information** \_\_\_\_\_State: \_\_\_\_\_\_ ZIP: \_\_\_\_\_ \_\_\_\_\_\_ Email: \_\_\_\_\_ Optional plaque information is limited to three lines of 32 characters, including spaces and punctuation. Attach an additional sheet for multiple naming opportunities. Langdon Playhouse - "Take-a-Seat" Campaign **Contributor Information** Name: City: \_\_\_\_\_\_State: \_\_\_\_\_ ZIP:\_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Optional plaque information is limited to three lines of 32 characters, including spaces and punctuation.

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## Langdon Playhouse - "Take-a-Seat" Campaign Yes. I would like to "Take my seat" today. Enclosed is my check for \$100, payable to Charlotte Players, Inc., for the first installment of my 3-year pledge of \$300. Please send me a reminder when my next payment is due. Please deduct the amount of \$100 from my Credit Card for the first installment of my 3-year pledge of \$300. Please deduct my second and third payments from the same credit card at the same time in each of the two subsequent years. ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express Please complete both sides of this card and return it to: Charlotte Players, Inc Security code: \_\_\_\_\_ Exp. Date: \_\_\_\_ Langdon Playhouse - "Take-a-Seat" Campaign PO Box 494088 Signature:\_\_\_\_\_ Port Charlotte, FL 33949 Langdon Playhouse - "Take-a-Seat" Campaign Yes. I would like to "Take my seat" today. ☐ Enclosed is my check for \$100, payable to Charlotte Players, Inc., for the first installment of my 3-year pledge of \$300. Please send me a reminder when my next payment is due. Please deduct the amount of \$100 from my Credit Card for the first installment of my 3-year pledge of \$300. Please deduct my second and third payments from the same credit card at the same time in each of the two subsequent years. ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express Please complete both sides of this card and return it to: Charlotte Players, Inc Security code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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PO Box 494088

Port Charlotte, FL 33949

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