Have a Seat

at the Lake Superior State University
Fine and Performing Arts Center

Thank you for your tax-deductible contribution.

Name _____

Address _____

City, State/Prov, Zip/PC _____

Phone _____

Email: _____

I/We would like # ___ seats x $1,000 (U.S.) each = $ _____

☐ Full payment is enclosed

or # ___ payments beginning: ___ ___ ___ *(month, date, year)*

Please remind me: ☐ quarterly ☐ annually ☐ other

Amount enclosed: $ _____

Please choose one of the following:

☐ Check $ _____ *payable to LSSU Foundation*

☐ Mastercard ☐ Visa Charge $ _____

Account # _____ Exp. Date _____

Signature _____

Engraving Information *For additional seats, use a separate piece of paper.*

Please fill in the spaces. For each seat, you have up to two lines, 25 characters per line, including spaces and punctuation.

Please mail to:
LSSU Foundation, 650 W. Easterday Ave.
Sault Ste. Marie, MI 49783

LSSU Foundation
650 W. Easterday Avenue
Sault Ste. Marie, MI 49783

FIRST-CLASS MAIL
U.S. POSTAGE
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SAULT STE. MARIE, MI
PERMIT NO. 115

To:

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