

The best seat in the house is yours

name _____

address _____

phone number _____

email _____

Your \$1,500 donation must be received in full. We regret that we cannot hold seats for pledges.

Number of seats _____ @ \$1,500 per seat

Total enclosed _____

Check enclosed
(payable to Amherst Cinema Arts Center)

Charge to my credit card:

signature _____

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Expiration Date ___ / ___ / _____

You may choose to fund seats in the main theater or in one of our two smaller screening rooms.

I would like to name seats in

- Main theater (186 seats)
- A screening room (49 seats in each)
- No preference

Inscription—Please print [maximum 2 lines of 20 characters each]

SEAT ONE

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SEAT TWO

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RETURN COMPLETED FORM WITH DONATION TO:

Amherst Cinema Arts Center
28 Amity Street, Amherst, MA 01002

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