



Take A Seat!

Pledge Form \$1,000 each

Please engrave my nameplate with the following message or names (Limit 20 characters per line, maximum 4 lines):

Payment Options: Checks payable to Liberty Restoration Inc.

- Check for full amount enclosed, or
- Bill my credit card \$1,000, Choose either MasterCard or VISA

Card No.: _____ Exp date: _____

- I choose quarterly payments. My first payment of \$250 is enclosed. Bill me in three equal quarterly payments of \$250 each. *Additional payment terms available, please inquire.*

Payment Plan Acknowledgement:

I agree to pay the total amount due as indicated above, and understand full payment is required within one year of the date of my first payment. Seat plaque will not be placed until full payment is received:

Authorized Signature

Date

Send my conformation letter to:

Send a gift card to:

Name

Name

Address

Address

City/State/Zip

City/State/Zip

Phone

email address

LIBERTY THEATER, 1203 Commercial, Astoria, OR 97103