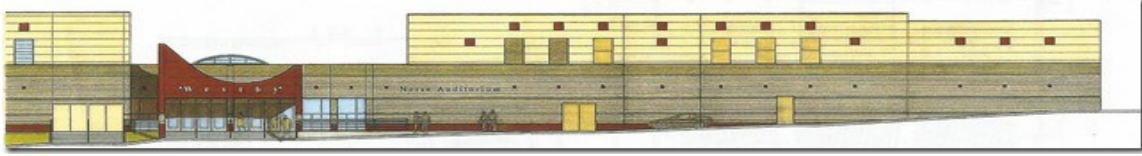


FINE ARTS FOUNDATION OF THE WESTBY AREA



I would like to purchase a seat in the amount of \$500.00!

Donor Information

Name: _____

____ as it will appear in publications ____ I prefer to remain anonymous

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Gift

Please reserve _____ seat(s) in the Westby Area Performance Arts Center in the following names(s) : (Names can be listed as "In Memory Of" or "In Honor Of")

_____	_____
_____	_____
_____	_____
_____	_____

____ My company will match this gift. Company name: _____

____ I would like additional information on how I can support the Fine Arts Foundation of the Westby Area or Westby Area Performing Arts Center

Method of Payment

____ Check enclosed in the amount of \$500.00 per seat payable to Fine Arts Foundation of the Westby Area.

Signature (required): _____

Date: _____

Please mail check to: FAFWA PO Box 8 Westby, WI 54667

**THANK YOU FOR YOUR COMMITMENT TO THE FAFWA
COMMUNITY PERFORMING ARTS CENTER!**
Your contribution is tax-deductible to the fullest extent of the law.
No goods or services were given to the donor in exchange for this contribution