

SEAT DEDICATION

Purchaser Name: _____

Mailing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Primary Phone#: _____ **Email:** _____

Select opening line:	Lines 2 & 3 - maximum of 25 characters and spaces per line. Print EXACTLY what will be placed on plaque
<input type="checkbox"/> In Honor of <input type="checkbox"/> In Memory of <input type="checkbox"/> None	_____ _____ _____
Please complete one form per seat.	Select payment plan (first payment is due with purchase):
NOTE: Before your plaque is purchased, CMC will contact you to verify information.	<input type="checkbox"/> Full payment enclosed <input type="checkbox"/> 2 Years: \$500 per year <input type="checkbox"/> 3 Years: \$333.34 per year <input type="checkbox"/> 4 Years: \$250 per year <input type="checkbox"/> 5 Years: \$200 per year

Special Instructions: _____

PAYMENT INFORMATION	Amount Paid \$ _____
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard # _____ Exp ____/____ 3 Digit Code _____	
<input type="checkbox"/> I would like CMC to automatically charge the above credit card each year until the completion of the selected payment plan. Charge my card yearly on this month and day: _____ (Note: if the day falls on a weekend or holiday, the card will be charged the next business day)	



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