

Seat Sale Form



Your Information

Title _____ First Name _____ Last Name _____
Address _____ City _____ Prov _____ PC _____
Telephone (home) _____ Email (home) _____
Telephone (work) _____ Email (work) _____
Employee Number _____ Department _____

Payment Information

☐ Theatre in the Mall (\$260 each) x _____ seat(s) ☐ Vivian K. Asher Theatre (\$260 each) x _____ seat(s) Total \$ _____
☐ Payroll Deduction Donor (\$10 per pay period for 26 pay period per seat). RUH Foundation will forward this form to payroll.
☐ One-time donation ☐ Monthly (\$20 payable on the 15th of each month for 13 months per seat)
Payment Type ☐ Visa ☐ MasterCard ☐ AmEx ☐ Cheque ☐ Cash
Credit Card Number _____ Expiry _____ CVC _____
Name on Card _____

Plaque Details

Armrest plaques* are 7.6cm x 2.2cm and can accommodate three lines of text with a maximum 50 characters, including spaces. If purchasing more than two chairs, please submit a second form.

Chair #1 _____

Chair #2 _____

* Plaques will remain on the chair for the life of the chair or the theatre.

☐ I affirm that entering my information above and submitting this form constitutes an electronic signature of this form.

Signature _____ Date _____

A charitable tax receipt will be issued within 3 weeks for your one-time donation and once per year for monthly donations.

Payroll deductions will appear on your T4. In accordance with CRA regulations, a separate charitable tax receipt will not be issued.

Thank you!

RUH Foundation respects your privacy and protects your personal information. We do not sell or exchange information with other organizations.