

# Hanover Tavern Foundation

## Legacy Seat Campaign

Yes, I/We wish to support the Hanover Tavern Foundation by naming one or more seats in the Bradley Theater. All proceeds benefit the "Building Our Future" Campaign, a five-year \$2 million comprehensive plan designed to address growth, education and improvement at Hanover Tavern.

Please indicate row and seat number \_\_\_\_\_

### Plaque Form

Please print the exact text for each engraved plaque. Print up to two lines for each seat, with a maximum of 20 characters and spaces per line.

- Sample nameplate wording:
- A) In Honor of Dr. John Smith
  - B) Mr. & Mrs. John Smith
  - C) The Smith Family

Seat One: Plaque Text

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

Seat Two: Plaque Text

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

**Seat sponsors who purchase tickets to any paid performance at Hanover Tavern including Virginia Repertory performances are not guaranteed seating in seats bearing their name or likeness.**

### Payment Form

Enclosed is my check payable to "Hanover Tavern Foundation" in the amount of \$\_\_\_\_\_.

Mail payment and order form to:  
 Hanover Tavern Foundation  
 P.O. Box 487  
 Hanover, VA 23069

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please charge my VISA, MC, AMEX, or Discover card:

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_