



Douglas Morrisson Theatre

Seat Endowment Program Enrollment Form

Yes, I/we want to help provide for the future of the Douglas Morrisson Theatre.

I/we would like more information.

Your Information

Name(s) _____

Address _____

City _____ State _____ Zip _____

Day Phone _____ E-mail _____

Selecting the Seat(s)

I/we would like to select the theatre seat(s) we endow.

The Douglas Morrisson Theatre can select the seat(s) we endow.

The lobby and armrest plaques should read:

Line #1 _____

Line #2 _____

Gifts to this fund are \$1,000.00 per seat

Enclosed is my check for \$ _____ (made payable to H.A.R.D.)

Visa MasterCard Account # _____

Exp. Date _____ Signature _____

Mail to: The Douglas Morrisson Theatre c/o H.A.R.D.
1099 E Street, Hayward, CA 94541

Gifts to the Douglas Morrisson Theatre Seat Endowment Fund are tax deductible to the extent allowed by law.



The Douglas Morrisson Theatre is a program and facility of the Hayward Area Recreation and Park District