



NAMING OPPORTUNITIES
Auditorium Seats

I would like to be a part of the Wagnalls Legacy by purchasing one of the first 150 seats for \$250.00.

I understand that the remaining seats will be \$500.00 each.

Name: _____

Address: _____

Phone: _____

Signature: _____

Seat plate should be engraved as follows:

Line 1 _____

Line 2 _____

Line 3 _____

(Maximum of 16 characters for line 1 & 3)

(Maximum of 20 characters for line 2)

Payments should be made to:

The Wagnalls Memorial
150 E. Columbus St. , P.O. Box 217
Lithopolis, OH 43136

Investments in this campaign are a charitable contribution and may be tax deductible as provided by law.
Consult your tax professional for specific requirements.

Telephone 614 837 4765

website www.wagnalls.org