

PLEASE RETURN THIS PORTION WITH YOUR CONTRIBUTION. MANY THANKS!!

NAME: _____

Amount: \$ _____

Address:

City/State/Zip _____

*Email address(required for updates and receipt):

VISA MC AMEX DISC (Please circle)

Card # _____

Exp. Date: _____ CVV Code: _____

I agree to allow The Seasons Performance Hall to charge my card the amount listed above.

Signed: _____ Date: _____

Questions? Please contact us at (509)453-1888 or email mholland@theseasonsyakima.com