

Adopt-A-Seat Order Form



Quantity

Business Seat/s @ \$300 each _____

Family/Student Seat/s @ \$150 each _____

*ABC Rentals
Supports ASRSD!*

I would also like to support ASRHS with an additional donation in the amount of \$_____

TOTAL Contribution: \$_____



Method of Payment

___ Cash Rec'd by _____ (initials)

___ *Check # _____ ___ Money Order # _____

**Checks made payable to ASRSD, please, noting "Adopt-a-Seat Campaign"*

The Smith & Jones
Families
2015

In Memory of
Emily Dreiser
ASRSD 1976-2016

Name: _____

Business: _____

Phone: _____

Mailing Address:

Email: _____

Inscription

Please **PRINT** clearly up to 3 lines of text (max. 25 letters/line)



Ayer Shirley Regional School District Adopt-a-Seat Program
c/o JulieAnn Govang
ASRHS, 141 Washington Street, Ayer, MA 01432
Questions: asrddrama@asrsd.org; 978.772.2545

A.S.R.H.S. is a state recognized non-profit agency. All donations are fully tax-deductible!

THANK YOU FOR YOUR SUPPORT!