

*Donation for Seat(s)  
for the Berkman Theater  
in Lanman Hall*



Name: \_\_\_\_\_  
(as it will appear on the donation plaque limit 50 characters)

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

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

email: \_\_\_\_\_

# \_\_\_\_\_ of seats @ \$200.00 each = \_\_\_\_\_

Please make tax-deductible checks payable to CCHS and send to:

CCHS

320 West View

Steubenville, OH 43952