FALLS CREEK
SAVE-A-SEAT CAMPAIGN

Save-A-Seat Order/Inscription Form

(Duplicate as necessary. Please attach a separate form for each seat.)

Name (Last/First or Organization)

Address City State Zip code

Phone Number Email

Number of Seats: _____

Total Amount: $ _____

($500.00 minimum per seat)

Indicate Payment type:

❑ Check enclosed ❑ Debit/Credit Card

If Debit or Credit Card fill in box at right.

Please charge my debit/credit card as indicated below:

❑ American Express ❑ Discover ❑ MasterCard ❑ Visa

Card #:_____ Expiration: _____

Authorized Total Amount: $_____

Please print your desired inscription in the boxes below.

(Maximum of 25 letters, numbers, punctuation and spaces per line)

[Line 1]

[Line 2]

[Line 3]

[Line 4]

Make checks payable to:

Save-a-Seat

Mail completed order/inscription form and payment to:

Falls Creek *Save-a-Seat* Campaign
BGCO
3800 N. May Ave
Oklahoma City, OK 73112

1-800-690-6933 www.BGCO.org/fcgifts

Sample Inscription:

IN MEMORY OF
Bob C. Brown
1919-2002
—ꕥ—
ñHero of the Faithò

(Not actual size)

updated 8/7/09