



Arts & Events Center

Name: \_\_\_\_\_

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

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

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

*Thank You!*

# COUNT ME IN!

I/We are purchasing \_\_\_\_\_ seats @  
\$500.00 a seat for the Armory Arts and Events Center

(Please select your payment option below)

Enclosed is full payment

Or

Bill me over 5 years (@\$100.00 a year)

Or

I/We are happy to support the campaign for an amount of \$ \_\_\_\_\_

We happily accept checks made payable to:

**Armory Arts and Events Center**

P.O. Box 163

Park Rapids, MN 56470