



Seat Naming Donation Form

Your Name _____

Your Address _____

City _____ State _____ Postal Code _____

Email _____ Phone _____

Seat Number(s) Requested _____

Seat Customization (two lines per seat; max of 25 characters top line, 35 characters bottom line)

Signature _____ Date _____

Email completed form to info@mpoh.org, or mail to **P.O. Box 228, Mineral Point, WI 53565**