

# THEATRE FOR A NEW AUDIENCE: A SEAT FOR SHAKESPEARE



**Yes, I would like to name a seat in the Samuel H. Scripps Mainstage at Polonsky Shakespeare Center.**

- Please accept my gift of \$5,000 for one (1) seat.  Please accept my gift of \$9,000 for two (2) seats.  
 I prefer not to name a seat at this time, but would like to make a contribution of \$\_\_\_\_\_.

**Please designate my seat gift to the following use:**

- The Theatre's endowment, supporting its productions, education programs and operations.  
 The Theatre's annual fund.  
 The Studio—a Challenge Match opportunity—developing new work and new approaches through workshops for directors, actors and playwrights with master artists; residencies for theatre artists giving them time and resources to experiment; and new commissions, adaptations and translations. *Gifts designated to The Studio will be worth 33% more and help meet a 3:1 matching requirement of a \$500,000 Challenge Grant from The Andrew W. Mellon Foundation.*

**Plaque Dedication Text**

Plaque size is 3" long x 1" high, brushed aluminum with black type. Two lines of text are permitted, with up to 24 characters per line (including spaces). "In memory of, in honor of, congratulations to" must be included in the space count.

**SEAT ONE**

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**SEAT TWO (IF PURCHASING TWO)**

- Please repeat dedication from seat one

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**Donor Information**

NAME\_\_\_\_\_

ADDRESS\_\_\_\_\_

CITY\_\_\_\_\_ STATE\_\_\_\_\_ ZIP\_\_\_\_\_

PHONE\_\_\_\_\_ E-MAIL\_\_\_\_\_

- I would like my gift to be anonymous. Please do not include my name in related donor listings.

**Payment Information**

- Please find my check made out to Theatre for a New Audience enclosed.  
 I will contact you about making a gift of stock.  
 Please charge my credit card (Amex, Visa, MasterCard)

NAME AS IT APPEARS ON CREDIT CARD\_\_\_\_\_

CARD NUMBER\_\_\_\_\_

EXPIRATION DATE\_\_\_\_\_ CODE\_\_\_\_\_

For more information, contact James Lynes, Director of Institutional Advancement, at 212-229-2819 x 29, or by e-mail at [jlynes@tfana.org](mailto:jlynes@tfana.org). Please send your gift form/seat order and dedication text with payment to: Theatre for a New Audience /154 Christopher Street, Suite 3D / New York, NY 10014. You may also scan your completed form and e-mail it to [jlynes@tfana.org](mailto:jlynes@tfana.org). You may also make your gift online at [www.tfana.org/support/campaign/seat-naming-campaign](http://www.tfana.org/support/campaign/seat-naming-campaign). Thank you for your support!

# THEATRE FOR A NEW AUDIENCE: THE PRODUCERS CIRCLE



**I choose not to name a seat at this time, but wish to join The Producers Circle.**

The Producers Circle is Theatre for a New Audience's leading Donor Society. All Producers Circle gifts support the Theatre's annual fund. *Choose your membership level and benefits.*

Please accept my contribution of \$\_\_\_\_\_ to join the Producers Circle at the following level:

**ASSOCIATE LEVEL: \$1,000-\$2,499 (value of benefits: \$170)**  **EXECUTIVE LEVEL: \$2,500-\$4,999 (value of benefits: \$286)**

- Recognition listing in season Playbills
- Access to purchase prime location house seats through Theatre for a New Audience's Development office\*
- An invitation for two (2) to opening night performances and receptions\*
- An invitation for two (2) to the Annual Producers Circle reception with the Artistic Director and season artists\*

*All of the Associate Level benefits plus:*

- An invitation for two (2) to any performance of each of the season's productions, including opening night performances and receptions\*
- Invitations to exclusive receptions and other artistic events hosted by the Theatre

*\*subject to availability.*

**ARTISTIC DIRECTOR'S SOCIETY: \$5,000 + (value of benefits: \$336)**

*All of the Executive Level benefits plus:*

- A special gift from the Founding Artistic Director or one of the artists in our Season

*I choose to waive my benefits and make my gift 100% tax-deductible.*

I prefer not to join the Producers Circle at this time, but would like to make a contribution of \$\_\_\_\_\_.

## Donor Information

NAME\_\_\_\_\_

ADDRESS\_\_\_\_\_

CITY\_\_\_\_\_ STATE\_\_\_\_\_ ZIP\_\_\_\_\_

PHONE\_\_\_\_\_ E-MAIL\_\_\_\_\_

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