

Celebrating Shakespeare's Birthday

MONDAY MAY 13, 2024

Responses received by April 29th will be included in the evening's program.

TABLES I/We will join the Gala Committee and purchase a table:					
Prem progr	1 \$40,000 Co-Sponsor: Premier table for 10, Co-Sponsor logo in Gala program, with tribute ad (or logo) on screens at the event, and listing on Theatre's website.		\$25,000 Partner: Premium table for 10, Partner logo in Gala program, with tribute ad (or logo) on screens at the event, and listing on Theatre's website.		
\$15,000 Patron: Priority table for 10, Patron listing in Gala program, with tribute ad (or logo) on screens at the event, and listing on Theatre's website.		am,	■ \$10,000 Benefactor: Table for 10, Benefactor listing in Gala program, with tribute ad (or logo) on screens at the event, and listing on Theatre's website.		
TICKETS I/We will join the Gala Committee and purchase a ticket(s):					
□ #	\$2,500 Supporter Ticket (s) Priority seating and Supporter listing in t Gala program.	the	#	\$1,500 Donor Ticke Preferred seating and Gala program.	t (s) l Donor listing in the
TRIBUTE AD					
\$2,500 for a tribute ad (or logo) appearing on screens during the event. Image (ad or logo) size should be 1920x1080 pixels (16:9) and should be saved as either .png or .gif files. To provide tribute text for layout, please contact Gavin McKenzie at gmckenzie@tfana.org. Reservation deadline: April 29th, 2024.					
The estimated fair market value of good and services received is \$275 per person. The balance of ticket or table purchases in excess of this amount is considered a tax-deductible contribution.					
CONTRIBUTION I/We cannot attend but wish to make a fully tax-deductible contribution of \$					
You can also purchase tables or tickets, or make a donation at tfana.org/gala. Reservations are to be paid by the night of the Gala.					
Enclosed please find a check for \$ payable to Theatre for a New Audience.				ee.	
Please ch	narge a total of: \$	_to my Visa	ı	MasterCard	American Express
Name (a	Name (as on card): Signature:				
Card Nu	mber:			Exp:	CVV:
Name(s) (please print as you wish to be listed.)					
Address					
<u>City</u> State			ZIP		
Cell Phone Email					
Please list your guests' names and cell phone numbers:					
1.			6.		
2.			7.		
3.			8.		
4.			9.		

10.