25

KRAVIS CENTER
FOR THE PERFORMING ARTS®

CELEBRATING 25 YEARS
OF ARTISTIC EXCELLENCE

ANNUAL CAMPAIGN MEMBERSHIP

Date _____

Name _____

Company/Foundation _____

Address _____

City _____ State _____ Zip _____

Phone-Day _____ Evening _____ Cell _____

E-mail _____

❑ *I would like to receive e-mails from the Kravis Center*

This gift will be matched by _____
Corporation Name

Please select one:

❑ $100 ❑ $250 ❑ $500 ❑ $1,000 or more (Dress Circle) $_____

❑ $125 Young Friends Member ❑ $425 Young Friends Executive Committee Member

❑ Corporate Partner $2,500-$9,999 $_____ ❑ Corporate Partner Executive Committee $10,000 or more $_____

❑ Please contact me about Sponsorship Opportunities starting at $12,500.

❑ Stock, please contact me.

❑ I/We would like to pledge $_____ yearly for ____ years starting_____ (month/year) to fulfill my pledge.
❑ I/We would like to pledge $_____monthly for ____ month(s) starting_____ (month/year) to fulfill my pledge.

Comment: _____

In recognition of my Dress Circle/Corporate Partner gift, please list as follows: _____

_____

Please select one:

❑ Check enclosed for my annual contribution
(**Please make check payable to the Kravis Center, 701 Okeechobee Blvd., West Palm Beach, FL 33401)**

❑Visa ❑MasterCard ❑Discover ❑American Express

Name on Card _____ Signature _____

Card Number: _____ Expiration _____

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