



I pledge \$ \_\_\_\_\_ to Ravinia's Corporate Partners Program  
(Amount)

**Contact Information:**

\_\_\_\_\_  
(Company name as it should appear in Ravinia publications)

\_\_\_\_\_  
Contact name Title

\_\_\_\_\_  
Phone Number Email

\_\_\_\_\_  
Assistant's Name (if applicable) Assistant's Phone Number Assistant's Email

\_\_\_\_\_  
Address City State Zip code

**Payment Information:**

(Please check preferred payment method)

Enclosed is a check made payable to Ravinia Festival

Please send an invoice on \_\_\_\_\_  
(date)

Please charge my credit card  
 Discover  Visa  Amex  MC

<input type="checkbox"/> I would like to accept all of the benefits associated with my contribution. Please reduce the tax-deductible portion of my gift.  <input type="checkbox"/> I would like to decline any benefits associated with my contribution.  <p style="text-align: right;"><b>Cost of Benefits:</b>  \$3,000 Corporate Opus: \$252  \$6,000 Corporate Guarantor: \$692  \$10,000 Corporate President's Circle: \$1,090</p>
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\_\_\_\_\_  
Name on credit card Credit Card Number Expiration Date

\_\_\_\_\_  
Billing address (if different) City State Zip Code

\_\_\_\_\_  
Signature Date

I prefer to receive information by  mail  email

**Please fax or mail completed form to:**

Corporate Relations Office  
Ravinia Festival  
418 Sheridan Road  
Highland Park, IL 60035  
Fax: (847) 433-7983  
corporatepartners@ravinia.org