RAVINIA®

ANNUAL FUND DONATION FORM

I/WE WOULD LIKE TO MAKE A GIFT OF $ _____ TO RAVINIA'S ANNUAL FUND

- ◯ **Bravo** $100–$199 — Cost of benefits: $0
- ◯ **Encore** $200–$399 — Cost of benefits: $0
- ◯ **Friend** $400–$624 — Cost of benefits: $0
- ◯ **Affiliate** $625–$1,249 — Cost of benefits: $0
- ◯ **Patron** $1,250–$2,499 — Cost of benefits: $0
- ◯ **Marquee** $2,500–$4,999 — Cost of benefits: $0
- ◯ **Opus** $5,000–$7,499 — Cost of benefits: $458
- ◯ **Guarantor** $7,500–$9,999 — Cost of benefits: $650
- ◯ **President's Circle** $10,000–$14,999 — Cost of benefits: $650
- ◯ **Consortium Circle** $15,000–$24,999 — Cost of benefits: $650
- ◯ **Chairman's Circle** $25,000+ — Cost of benefits: $650

Name as you wish it to appear in Ravinia publications (Patron level and above):

_____

◯ I wish to remain anonymous.

Title & Name _____

Address _____

City _____ State _____ ZIP _____ Phone _____

PAYMENT: ◯ Enclosed is my check payable to Ravinia Festival.

PLEASE CHARGE MY CONTRIBUTION TO MY CREDIT CARD

◯ DISCOVER OFFICIAL CARD ◯ Visa ◯ Mastercard ◯ AMEX

Credit card number _____

Expiration date _____ Security code _____ Daytime phone _____

◯ I have enclosed / Please charge an additional amount to cover the cost of benefits.

◯ I wish to decline all donor benefits.

MY CURRENT EMAIL ADDRESS:

_____

◯ I prefer to receive appeals and important information by email.

Signature _____

*I understand that I am making a charitable contribution to the Ravinia Festival Association and recognize Ravinia is a 501(c)(3) nonprofit organization. Contributions are **not refundable** and do not guarantee any benefits or specific concert seating assignments unless otherwise stated.*

PHONE: 847-266-5461
FAX: 847-433-7983

PLEASE MAIL TO
RAVINIA FESTIVAL ASSOCIATION
ATTN: DEVELOPMENT
P.O. BOX 735271
CHICAGO, IL 60673-5271

DONORS@RAVINIA.ORG
WWW.RAVINIA.ORG