



FRIENDS OF REVELS

- Contributor (\$75) Advance ticket notice and acknowledgment in the Revels program book.
Sr. Citizen (65+) \$60
Sponsor (\$150) ...the above and an invitation to the annual Wassail Party.
Patron (\$300) ...the above and 20% off Revels products.
Sustainer (\$500) ...the above and two complimentary tickets to a Revels Salon.

SOLSTICE CIRCLE

- Moon (\$1000) Receive all Friends Benefits, and reserved seating at The Christmas Revels.
Star (\$2500) ...the above, and ticket exchange privileges within the same event, up to 72 hours prior to performance, based on availability.
Sun (\$5000) ...the above, and two season passes to all Salons and Pub Sings.

LEADERSHIP CIRCLE

- Master/Mistress of the House (\$10,000) ...the above, and co-sponsorship of a single Christmas Revels performance at Sanders Theatre, 4 complimentary tickets to your sponsored performance, and your name listed in the program as a major sponsor of The Christmas Revels. (Benefits valued at \$160)
Lord/Lady of the Dance (\$25,000)...the above and special recognition throughout the entire season.

Benefits are good for one calendar year from the date of your donation.

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Yes, I will support Revels. Here is my gift of \_\_\_\_\_ (All gifts, regardless of size, make a difference.)

Name \_\_\_\_\_

Name \_\_\_\_\_ (If difference from above, how your name(s) should appear in the program book) [ ] Anonymous

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ [ ] This is a new address

Phone (w) \_\_\_\_\_ (h) \_\_\_\_\_ cell \_\_\_\_\_

Email \_\_\_\_\_ [ ] This is a new address

[ ] Check (payable to Revels, Inc) [ ] AmEx [ ] MC [ ] VISA # \_\_\_\_\_

Sign \_\_\_\_\_ Exp. \_\_\_\_\_ Card ID \_\_\_\_\_

NEW AUTOMATIC GIVING PROGRAM

Your gift can be charged automatically on the schedule you choose

- Monthly (\$10 minimum)
Quarterly (\$25 minimum)
Annually (no minimum)

Please charge my first donation on the first day of \_\_\_\_\_ month \_\_\_\_\_ year

Note that quarterly donations are charged in September, December, March and June.

MATCHING GIFTS [ ] My company will match my gift. [ ] Form enclosed

Name of Employer \_\_\_\_\_