



YES, I WILL SHARE IN ROCHESTER CITY BALLET'S DREAM!

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Please accept my gift of \$ \_\_\_\_\_ at the following level of support:

\_\_\_\_\_ \$5,000 - \$4,999 and up Artistic Director's Circle

\_\_\_\_\_ \$2,500 - \$4,999 Principal

\_\_\_\_\_ \$1,000 - \$2,499 First Soloist

\_\_\_\_\_ \$500 - \$999 Soloist

\_\_\_\_\_ \$250 - \$499 Demi Soloist

\_\_\_\_\_ \$125 - \$249 Corps de Ballet

\_\_\_\_\_ \$1 - \$124 Apprentice

\_\_\_\_\_ My employer has a matching gift program. Enclosed is the required form.

Print your name as you wish it to appear in recognition listings.

\_\_\_\_\_

This gift is in \_\_\_\_\_ memory of \_\_\_\_\_ honor of \_\_\_\_\_

Enclosed is my/our check for \$ \_\_\_\_\_ (Please make checks payable to :Rochester City Ballet)

Please charge my credit card:

\_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Amex

Account # \_\_\_\_\_ Expiration Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature \_\_\_\_\_