

I/we would like to support Berkeley Repertory Theatre's artistic programs and community outreach by making a gift/pledge of \$ _____ to the 2011-12 Annual Fund at the following donor level:
(circle one)

- | | |
|---|---|
| <input type="radio"/> FRIEND (\$75-149) | <input type="radio"/> ASSOCIATE PRODUCER (\$6,000-11,999)* |
| <input type="radio"/> CONTRIBUTOR (\$150-249) | <input type="radio"/> PRODUCER (\$12,000-24,999)* |
| <input type="radio"/> SUPPORTER (\$250-499) | <input type="radio"/> EXECUTIVE PRODUCER (\$25,000-49,999)* |
| <input type="radio"/> ACTOR (\$500-999) | <input type="radio"/> SEASON PRODUCER (\$50,000 or more) * |
| <input type="radio"/> PLAYWRIGHT (\$1,000-1,499) | |
| <input type="radio"/> DIRECTOR (\$1,500-2,999) | * For gifts of \$6,000 or more: |
| <input type="radio"/> PRESIDENT (\$3,000-5,999) | <input type="radio"/> Please contact me regarding the special opportunities to explore a show in depth during the 2011-12 season. |

- I/we would like to be listed in the program as: _____
- I/we would like this gift to remain **anonymous**.

NAME	EMAIL
ADDRESS	APT
CITY/STATE/ZIP	
DAY PHONE	EVENING PHONE
	FAX

- I plan to give through a donor advised fund or foundation. I understand that I cannot accept tangible benefits such as complimentary tickets.
- My gift is being matched by my employer: _____
- Please send me information on how to include Berkeley Rep in my estate plans and a free estate planning kit.
- Berkeley Rep is already in my estate plans. Please send me information on joining the Michael Leibert Society.

Does your company have a matching gift program?

Double or even triple your gift and receive the benefits for the entire amount you made possible. Request a matching gift form from your human resources department, complete, and send with your gift.

I/we would like to pledge this gift and will make payments in the following manner:

- Form of payment: Check Credit Card Stock
- Date of payment(s): _____
- All pledges must be paid before August 31, 2012 for 2011-12 gifts.
Please make checks payable to Berkeley Repertory Theatre.
- Credit Card: American Express MasterCard Visa

CARD NUMBER	EXP. DATE
SIGNATURE	DATE

Please return the completed form to:
 Annual Fund
 Berkeley Repertory Theatre
 999 Harrison St
 Berkeley, CA 94710
 or by fax at: 510 647-2910

Questions?
 Contact Laura Fichtenberg, Individual Giving Manager,
 at 510 647-2907 or lfichtenberg@berkeleyrep.org.