

I/we would like to support Berkeley Repertory Theatre's artistic programs and community outreach by making a gift/pledge of \$ _____ to the 2017-18 Annual Fund at the following donor level:

(check one)

- | | |
|--|--|
| <input type="radio"/> FRIEND (\$75+) | <input type="radio"/> ASSOCIATE SPONSOR (\$7,500+)* |
| <input type="radio"/> CONTRIBUTOR (\$150+) | <input type="radio"/> SPONSOR (\$15,000+)* |
| <input type="radio"/> SUPPORTER (\$300+) | <input type="radio"/> EXECUTIVE SPONSOR (\$30,000+)* |
| <input type="radio"/> ADVOCATE (\$600+) | <input type="radio"/> LEAD SPONSOR (\$60,000+)* |
| <input type="radio"/> CHAMPION (\$1,200+) | <input type="radio"/> SEASON SPONSOR (\$125,000 or more)* |
| <input type="radio"/> BENEFACTOR (\$2,500+) | |
| <input type="radio"/> PARTNER (\$5,000+) | |

*** For gifts of \$5,000 or more:**

- Please contact me regarding the special opportunities to explore a show in depth during the 2017-18 season.

- I/we would like to be listed in the program as: _____
- I/we would like this gift to remain **anonymous**.
- This gift is in honor/memory of: _____
(CIRCLE ONE)

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

- I plan to recommend a grant from 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.
- I wish to support Berkeley Rep with an ongoing Sustainer gift of \$ _____, to be charged to my credit card:
- Monthly (charged on the 15th of each month)
 - Annually (charged 1 time per year)

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.

Your first installment will be charged upon receipt. Your Sustainer contributions continue uninterrupted as long as you wish. You may contact us at any time to make a change.

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

Form of payment: Check Credit Card Donor Advised Fund Stock

Date of payment(s): _____

All pledges must be paid before August 31, 2018 for 2017-18 gifts.

Please make checks payable to Berkeley Repertory Theatre.

Name of stock or Donor Advised Fund: _____

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 Kelsey Scott, Individual Giving Coordinator,
at 510 647-2906 or kscott@berkeleyrep.org.