

I/we would like to support Berkeley Repertory Theatre's artistic programs and community outreach by making a gift/pledge of \$ _____ to the 2018-19 Annual Fund at the following donor level:

(check one)

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

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

- Please contact me regarding the special opportunities to explore a show in depth during the 2018-19 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

- My gift is being matched by my employer: _____
- Please send me information on how to include Berkeley Rep in my estate plans.
- Berkeley Rep is already in my estate plans. Please send me information on joining the Michael Leibert Society.
- 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.
- Name of Foundation or Donor-Advised Fund: _____
- 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 and automatically charged on the 15th day of each month going forward. 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 Stock

Date of payment(s): _____

All contributions must be received by August 31, 2019 for 2018-19 gifts. Please make checks payable to Berkeley Repertory Theatre.

Name of stock: _____

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 Manager,
at 510 647-2906 or kscott@berkeleyrep.org.