

I/we would like to support Berkeley Repertory Theatre's artistic programs and community outreach by making a gift/pledge of \$ \_\_\_\_\_ to the 2016-17 Annual Fund at the following donor level:

(check one)

- |  |   |
|--|---|
| <input type="radio"/> <b>FRIEND</b> (\$75+)        | <input type="radio"/> <b>ASSOCIATE SPONSOR</b> (\$6,000+)*        |
| <input type="radio"/> <b>CONTRIBUTOR</b> (\$150+)  | <input type="radio"/> <b>SPONSOR</b> (\$12,000+)*                 |
| <input type="radio"/> <b>SUPPORTER</b> (\$250+)    | <input type="radio"/> <b>EXECUTIVE SPONSOR</b> (\$25,000+)*       |
| <input type="radio"/> <b>ADVOCATE</b> (\$500+)     | <input type="radio"/> <b>LEAD SPONSOR</b> (\$50,000-99,999) *     |
| <input type="radio"/> <b>CHAMPION</b> (\$1,000+)   | <input type="radio"/> <b>SEASON SPONSOR</b> (\$100,000 or more) * |
| <input type="radio"/> <b>BENEFACTOR</b> (\$1,500+) |   |
| <input type="radio"/> <b>PARTNER</b> (\$3,000+)    |   |

**\* For gifts of \$6,000 or more:**

- Please contact me regarding the special opportunities to explore a show in depth during the 2016-17 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 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  Donor Advised Fund  Stock

Date of payment(s): \_\_\_\_\_

All pledges must be paid before August 31, 2017 for 2016-17 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 Joanna Taber, Individual Giving Manager, at 510 647-2906 or [jtaber@berkeleyrep.org](mailto:jtaber@berkeleyrep.org).