

## Annual Fund Membership Form

**YES!** I want to play a part in the New Jersey Symphony Orchestra's continued artistic excellence and enrichment of tomorrow's musicians and patrons by making a contribution.

Name \_\_\_\_\_ Patron ID# \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Preferred Phone (home/work/cell) \_\_\_\_\_ Email \_\_\_\_\_

### MEMBERSHIP LEVELS

#### *Symphony Friends*

- ☐ **Member** (up to \$99)
- ☐ **Associate** (\$100–\$249)
- ☐ **Contributor** (\$250–\$499)
- ☐ **Sustainer** (\$500–\$999)
- ☐ **Pacesetter** (\$1,000–\$2,499)

#### *The Amadeus Circle*

- ☐ **Donor's Circle** (\$2,500)
- ☐ **Patron's Circle** (\$3,500)
- ☐ **Benefactor's Circle** (\$5,000)
- ☐ **Musician's Circle** (\$10,000)
- ☐ **Principal's Circle** (\$15,000)
- ☐ **Trustee's Circle** (\$25,000)
- ☐ **Concertmaster's Circle** (\$50,000)
- ☐ **Maestro's Circle** (\$75,000+)

### Tribute Gifts

I wish to make a gift in honor/memory of (circle one):

\_\_\_\_\_

Name as you wish it to appear.

Please notify:

\_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

- ☐ Please designate my gift for education and community engagement activities.
- ☐ Please designate my gift to the area of greatest need.
- ☐ I choose to receive no benefits for the current season and deduct the full amount for tax purposes.
- ☐ **The Crescendo Society**—I have increased my commitment this season by 25% or more (or 10% for current members).

### GIVING OPTIONS

- ☐ Enclosed is my check in the amount of \$ \_\_\_\_\_ payable to the New Jersey Symphony Orchestra.
- ☐ Please charge my Visa / MasterCard / American Express / Discover in the amount of \$ \_\_\_\_\_  
 Name on card \_\_\_\_\_  
 Card Number \_\_\_\_\_ Expiration Date (MM/YY) \_\_\_\_/\_\_\_\_  
 Signature \_\_\_\_\_ CVV # \_\_\_\_\_

### Installment Plan

- ☐ I wish to make a recurring gift of \$ \_\_\_\_\_ monthly for the next \_\_\_\_ months beginning on \_\_\_\_/\_\_\_\_/\_\_\_\_.  
 Please charge the credit card listed above. MM DD YYYY
- ☐ I pledge to give \$ \_\_\_\_\_ payable in full by June 30, 2017, to be paid by check in the following installments:  
 \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Amount Date Amount Date Amount Date Amount Date

### Matching Gift

- ☐ I wish to make my gift go further by having my company, \_\_\_\_\_, match my contribution with a \_\_\_\_:1 match.  
 Name of Company
- ☐ I have enclosed a matching-gift form or have completed a matching-gift form online: \_\_\_\_\_  
 Confirmation Number

### Print Recognition

- ☐ I wish to be acknowledged in any published materials as (name): \_\_\_\_\_
- ☐ I wish to give anonymously for the current season.

### Laureate Society: Create a Legacy

- ☐ I have included the NJSO in my will or estate plan.
- ☐ I would like more information on including the NJSO in my will and/or estate plan. Please contact me.

Please return completed form to:

**New Jersey Symphony Orchestra, Development Department, 60 Park Place, 9th Floor, Newark, NJ 07102**  
 For questions, please call 973.735.1730 FAX: 973.624.2115 www.njsymphony.org WEB FORM