



# 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.

### GIVING OPTIONS

- Enclosed is my check in the amount of \$ \_\_\_\_\_ payable to the New Jersey Symphony.
- 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 beginning on \_\_\_\_/\_\_\_\_/\_\_\_\_.  
Please charge the credit card listed above. MM DD YYYY
- I pledge to give \$ \_\_\_\_\_ payable in full by August 31, 2023, 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 digital or published materials as (name): \_\_\_\_\_
- I wish to give anonymously for the current season.

### Laureate Society: Create a Legacy

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

Please return completed form to:

New Jersey Symphony, Development Department, 60 Park Place, Suite 900, Newark, NJ 07102

For questions, please call 973.735.1744 FAX: 973.624.2115 njsymphony.org

WEB FORM