

2023-2024 Annual Fund Membership Form

YES! I want to play a part in the New Jersey Symphony'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) | Em | ail | |
| | MEMBERSHIP L | <u>EVELS</u> | | Tribute Gifts I wish to make a gift in honor/memory |
| | Symphony Friends | | madeus Circle | of (circle one): |
| | ☐ Member (up to \$99) | | ircle (\$2,500) | |
| | □ Associate (\$100 - \$249) | | Circle (\$3,500) | Name as you wish it to appear. |
| | ☐ Contributor (\$250 - \$499) | | or's Circle (\$5,000) | Name as you wish it to appear. |
| | □ Sustainer (\$500 - \$999) | ☐ President | 's Circle (\$10,000+) | Please notify: |
| | □ Pacesetter (\$1,000 - \$2,499) | | | |
| | | | | Address |
| | | | | City |
| | | | | StateZip |
| | Please designate my gift to the area of greatest need. | | | |
| | Yes, please add 5% to my gift to cover | | | |
| | res, please and 3% to my gift to cover | | | |
| | 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 | | | ate (MM/YY)/ |
| | Signature | | | |
| Ins | stallment Plan | | | |
| | | monthly begin | nning on/ PI | ease charge the credit card listed above. |
| | I pledge to give \$ payable in full by August 31, 2024, to be paid by check in the following installments: | | | |
| | \$ | \$ | \$ | \$ |
| N4- | Amount Date Amount Date | Amount Date | Amount Date | Amount Date |
| _ | • | | | and the province of the control of t |
| | My gift will go further by having my co | npany,Nam | ne of Company | match my contribution with a :1 match. |
| Do | nor-Advised Fund | | | |
| | Please accept my donation through my | / DAF from | | |
| Pri | int Recognition | | Laureate Socie | ty: Create a Legacy |
| | l wish to be acknowledged in any digital materials as (name): | | | ed the NJ Symphony in my will or estate |
| | I wish to give anonymously for the curr | ent season. | ☐ I would like m | nore information on including the NJ will and/or estate plan. Please contact me. |

Please return the completed form to: