



2026-2027 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) _____ Email _____

MEMBERSHIP LEVELS

Symphony Friends

- ☐ **Member** (up to \$149)
- ☐ **Associate** (\$150 - \$349)
- ☐ **Contributor** (\$350 - \$749)
- ☐ **Sustainer** (\$750 - \$1,499)
- ☐ **Pacesetter** (\$1,500 - \$2,999)

Amadeus Circle Members

- ☐ **Donor's Circle** (\$3,000)
 - ☐ **Benefactor's Circle** (\$5,000)
 - ☐ **Musician's Circle** (\$10,000)
- #### *Amadeus Circle Leaders*
- ☐ **Principal's Circle** (\$15,000)
 - ☐ **Trustee's Circle** (\$25,000)
 - ☐ **Concertmaster's Circle** (\$50,000)
 - ☐ **Maestro's Circle** (\$100,000+)

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.
- ☐ **Yes**, please add 5% to my gift to cover the credit card fees associated with my gift.

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, 2027, to be paid by check in the following installments:

\$ _____	\$ _____	\$ _____	\$ _____
Amount Date	Amount Date	Amount Date	Amount Date

Matching Gift

- ☐ My gift will go further by having my company, _____, match my contribution with a ____:1 match.
Name of Company

Donor-Advised Fund

- ☐ Please accept my donation through my DAF from _____

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 the completed form to:

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

For questions, please call 973.735.1723 njsymphony.org WEB FORM FY27