



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, 2021, 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 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, Suite 900, Newark, NJ 07102

For questions, please call 973.735.1730 FAX: 973.624.2115 njsymphony.org WEB FORM