



HARMAN CENTER FOR THE ARTS ANNUAL GALA  
SUNDAY, OCTOBER 15, 2017

\_\_\_\_\_ I am/We are delighted to support the Harman Center for the Arts Annual Gala.

Name(s): \_\_\_\_\_

*Please print your name as you wish it to appear in the Invitation listings*

Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**PLEASE RESERVE**

\_\_\_\_\_ **Platinum Benefactor Table(s) at \$50,000.**

The nondeductible portion of your contribution is \$4,700.

\_\_\_\_\_ **Gold Patron at \$5,000**

The nondeductible portion of your contribution is \$500.

\_\_\_\_\_ **Gold Benefactor Table(s) at \$25,000.**

The nondeductible portion of your contribution is \$3,550.

\_\_\_\_\_ **Silver Patron at \$1,000 per person.**

The nondeductible portion of your contribution is \$225.

\_\_\_\_\_ **Silver Benefactor Table(s) at \$10,000**

The nondeductible portion of your contribution is \$2,300.

\_\_\_\_\_ **Patron at \$750 per person.**

The nondeductible portion of your contribution is \$175.

\_\_\_\_\_ I am unable to attend but have enclosed a tax-deductible contribution of \$\_\_\_\_\_ to support the Harman Center for the Arts Annual Gala.

Please charge my (circle one) Visa / MasterCard / Discover / American Express

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Signature: \_\_\_\_\_

I have enclosed a check in the amount of \$\_\_\_\_\_ payable to the Shakespeare Theatre Company.

For reservations please return this form to:  
Shakespeare Theatre Company  
HCA Annual Gala  
516 8th Street SE  
Washington, D.C. 20003

For more information contact Amanda Herman:  
Phone: 202.547.3230 ext. 2330  
Fax: 202.547.0226  
Email: HCAGala@ShakespeareTheatre.org