

2019

Shakespeare Theatre Company



ala at the Harman Center for the Arts

Gala Co-Chairs

DeDe and Dallas Lea
Gail and Jeff MacKinnon

Monday, November 4, 2019

I. PERSONAL INFORMATION

Name(s)/Company: _____

Please print your name or organization as you wish it to appear on the invitation and/or in the program.

Contact Name (if different from program listing): _____

Address: _____ City: _____

State: _____ Zip: _____ Telephone: _____ Fax: _____

Email: _____

II. I/WE WILL BE A SPONSOR AT THE FOLLOWING LEVEL

_____ DREAMCATCHER | \$100,000

The nondeductible portion of your contribution is \$24,664.

_____ MERMAID | \$5,000

The nondeductible portion of your contribution is \$1,622.

_____ STARGAZER | \$50,000

The nondeductible portion of your contribution is \$14,932.

_____ CROCODILE | \$2,500

The nondeductible portion of your contribution is \$650.

_____ ADVENTURER | \$25,000

The nondeductible portion of your contribution is \$7,038.

_____ LOST BOY | \$1,000

The nondeductible portion of your contribution is \$225.

_____ PIRATE | \$10,000

The nondeductible portion of your contribution is \$3,422.

III. DONATION

I am unable to attend but have enclosed a tax-deductible contribution of \$_____ to support the Shakespeare Theatre Company Gala at the Harman Center for the Arts.

IV. PAYMENT INFORMATION

Card Number: _____ Exp. Date: _____ Signature: _____

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

V. PLEASE RETURN THIS FORM TO:

Shakespeare Theatre Company

202.547.3230 x2330

Attn: Special Events

STCGala@ShakespeareTheatre.org

516 8th Street SE

Washington, D.C. 20003

STCGALA@SHAKESPEARETHEATRE.ORG | 202.547.3230 EXT.2330

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