418 Sheridan Road, Highland Park, Illinois 60035 • (847) 266-5000 • (847) 433-7983 Fax • www.ravinia.org

Evening Stars Membership
GIFT MEMBERSHIP APPLICATION

This form is intended for manual completion.
Please print and submit the form via fax or mail to: Ravinia Festival, 418 Sheridan Road, Highland Park, Illinois 60035. Fax: (847) 433-7983.

MEMBERSHIP TYPE (please check one):

☐ **Starlight** ($100 per season)
☐ **Moonlight** ($200 per season)
☐ **Other:** $ _____

YOUR INFO

_____
Name (Mr. / Mrs. / Ms. / Dr.)

_____
Address

_____
City / State / Zip

_____
Daytime Phone

_____
Evening Phone / E-mail Address

_____ ____/____
Signature **Date**

☐Paid herewith $_____.
Please make all checks payable to:
Ravinia Festival Association
418 Sheridan Road
Highland Park, IL 60035

☐Please charge my credit card

CC#_____ Exp:____/_____
☐Discover ☐ American Express
☐Visa ☐ MasterCard

GIFT RECIPIENT

_____
Name (Mr. / Mrs. / Ms. / Dr.)

_____
Address

_____
City / State / Zip

_____
Daytime Phone

_____
E-mail Address

Member Materials (*Gift Membership acknowledgment):
- ☐ Please send to me (donor)
- ☐ Please send to Gift Recipient

**Formal receipt will be sent to you for tax purposes.*