

# MAKING A CONTRIBUTION TO RAVINIA

I/WE WOULD LIKE  
TO MAKE A GIFT OF



TO RAVINIA'S ANNUAL FUND

**Bravo** \$100–\$199  
Cost of benefits: \$0

**Encore** \$200–\$299  
Cost of benefits: \$0

**Friend** \$300–\$499  
Cost of benefits: \$40

**Affiliate** \$500–\$999  
Cost of benefits: \$50

**Patron** \$1,000–\$1,999  
Cost of benefits: \$50

**Marquee** \$2,000–\$3,999  
Cost of benefits: \$70

**Opus** \$4,000–\$6,999  
Cost of benefits: \$177

**Guarantor** \$7,000–\$9,999  
Cost of benefits: \$364

**President's Circle** \$10,000–\$19,999  
Cost of benefits: \$364

**Chairman's Circle** \$20,000+  
Cost of benefits: \$364

Name as you wish it to appear in Ravinia publications (*Patron level and above*):

I wish to remain anonymous.

Title & Name

Address

City

State

Zip

Phone

## PAYMENT:

Enclosed is my check payable to Ravinia Festival.

PLEASE CHARGE MY CONTRIBUTION TO MY CREDIT CARD

**DISCOVER**  Visa  MasterCard  AMEX

Credit card number

Expiration date

Security Code

Daytime phone

## MY CURRENT E-MAIL ADDRESS:

I prefer to receive appeals and important information by e-mail.

Signature

*I understand that I am making a charitable contribution to the Ravinia Festival Association and recognize Ravinia is a 501(c)(3) nonprofit organization. Contributions are **not refundable** and do not guarantee any benefits or specific concert seating assignments unless otherwise stated.*

I wish to decline all donor benefits.

I have enclosed an additional amount to cover the cost of benefits.



PHONE: 847-266-5461



PLEASE MAIL TO  
RAVINIA DEVELOPMENT DEPARTMENT  
418 SHERIDAN ROAD  
HIGHLAND PARK, IL 60035



DONORS@RAVINIA.ORG  
WWW.RAVINIA.ORG