



ANNUAL FUND DONATION FORM

I/WE WOULD LIKE TO MAKE A GIFT OF



TO RAVINIA'S ANNUAL FUND

Bravo \$100-\$199
Cost of benefits: \$0

Encore \$200-\$399
Cost of benefits: \$0

Friend \$400-\$624
Cost of benefits: \$0

Affiliate \$625-\$1,249
Cost of benefits: \$0

Patron \$1,250-\$2,499
Cost of benefits: \$0

Marquee \$2,500-\$4,999
Cost of benefits: \$0

Opus \$5,000-\$7,499
Cost of benefits: \$458

Guarantor \$7,500-\$9,999
Cost of benefits: \$650

President's Circle \$10,000-\$14,999
Cost of benefits: \$650

Consortium Circle \$15,000-\$24,999
Cost of benefits: \$650

Chairman's Circle \$25,000+
Cost of benefits: \$650

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

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

I wish to decline all donor benefits.

MY CURRENT EMAIL ADDRESS:

I prefer to receive appeals and important information by email.

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.



PHONE: 847-266-5461

PLEASE MAIL TO

RAVINIA FESTIVAL ASSOCIATION
ATTN: DEVELOPMENT
P.O. BOX 735271
CHICAGO, IL 60673-5271



DONORS@RAVINIA.ORG
WWW.RAVINIA.ORG