KAUFFMAN CENTER FOR THE PERFORMING ARTS SEPT. 7, 2024





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+	2024	4 Sympl	nony Ba	ıll +	

	+ 2024 Symphony Ball +			
COMMITMENT FORM NAME/COMPANY NAME	AS YOU WISH TO BE RECOGNIZ	ED (PLEASE PRINT)		
CONTACT PERSON				
MAILING ADDRESS				
CITY	STATE	ZIP CODE		
PHONE	EMAIL			
O WILL ATTEND THE BALL O DONATION ONLY	PAYMENT INFORMATION	AMOUNT \$		
Indicate if you wish to decline all goods and services offered with your contribution: YES NO	O CHECK (payable to 2024 Symphony Ball) O ENCLOSED O WILL SEND ON			
LEVEL OF COMMITMENT	O VISA O MASTERCARD C NAME AS IT APPEARS ON C ACCOUNT NUMBER	 CREDIT CARD VISA MASTERCARD AMERICAN EXPRESS DISCOVER NAME AS IT APPEARS ON CARD ACCOUNT NUMBER EXPIRATION DATE 		
 \$150,000 SUPERNOVA \$100,000 NOVA \$75,000 QUASAR \$50,000 PULSAR \$25,000 NEBULA \$12,500 POLARIS \$6,000 STELLARIS \$2,750 BOREALIS 	O INVOICE TO PLEASE INVOICE BY O CONTACT INFORMATION SAME AS ABOVE IF DIFFERENT FROM ABOVE, PLEASE PROVIDE NEW INFORMATION BELOW: NAME ADDRESS			
\$1,750 STAR\$ DONATION	CITY			

Seating is limited.
Please mail completed response form in the return envelope by June 7, 2024 to be acknowledged in the Symphony Ball invitation.