

**ANNUAL GALA**

**RAGTIME**

**Honoring Brian Stokes Mitchell and Denise Littlefield Sobel**

**WEDNESDAY, OCTOBER 30, 2024**

*6:00pm performance, followed by dinner and dancing at the Ziegfeld Ballroom*

- \_\_\_\_\_ **Leadership Table at \$150,000** (\$145,450 is tax-deductible)
  - Ten Premium Center Orchestra or Grand Tier performance tickets
  - One Premium table at the Gala dinner at the Ziegfeld Ballroom
- \_\_\_\_\_ **Underwriter Table at \$100,000** (\$95,450 is tax-deductible)
  - Ten Prime Center Orchestra or Grand Tier performance tickets
  - One Prime table at the Gala dinner at the Ziegfeld Ballroom
- \_\_\_\_\_ **Co-Chair Table at \$50,000** (\$45,450 is tax-deductible)
  - Ten Priority Center Orchestra or Grand Tier performance tickets
  - One Priority table at the Gala dinner at the Ziegfeld Ballroom
- \_\_\_\_\_ **Diamond Benefactor Table at \$25,000** (\$20,450 is tax-deductible)
  - Ten Center Orchestra or Grand Tier performance tickets
  - One table at the Gala dinner at the Ziegfeld Ballroom
- \_\_\_\_\_ **Golden Benefactor Ticket at \$10,000** (\$9,545 is tax-deductible)
  - One Prime Center Orchestra or Grand Tier performance ticket
  - One Prime seat at the Gala dinner at the Ziegfeld Ballroom
- \_\_\_\_\_ **Silver Benefactor Ticket at \$5,000** (\$4,545 is tax-deductible)
  - One Priority Center Orchestra or Grand Tier performance ticket
  - One Priority seat at the Gala dinner at the Ziegfeld Ballroom
- \_\_\_\_\_ **Benefactor Ticket at \$2,500** (\$2,045 is tax-deductible)
  - One Center Orchestra or Grand Tier performance ticket
  - One seat at the Gala dinner at the Ziegfeld Ballroom

**I/We cannot attend but wish to make a tax-deductible contribution of \$ \_\_\_\_\_**

Name *(as you wish to be listed)* \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime telephone \_\_\_\_\_ Email \_\_\_\_\_

Check is enclosed in the amount of \$ \_\_\_\_\_ *Payable to New York City Center*

I/We wish to pay by Credit Card: \_\_\_\_\_ AMEX \_\_\_\_\_ MC \_\_\_\_\_ VISA

Card number \_\_\_\_\_ Exp. date \_\_\_\_\_ CVC \_\_\_\_\_

Signature \_\_\_\_\_

*Please note, all tables and tickets are subject to availability.*

**Please return reply form to:**

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