

NEW YORK CITY CENTER

75TH ANNIVERSARY GALA

A CHORUS LINE

Wednesday, November 14, 2018

Honoring Stacy Bash-Polley

6:00pm performance, followed by dinner at The Plaza Hotel

- _____ **Underwriter Table at \$150,000** (\$146,300 is tax-deductible)
- Ten Premium Center Orchestra or Grand Tier performance tickets
 - One Premium table at the Gala dinner at The Plaza Hotel
 - Opportunity to have a featured artist seated at dinner table
 - Special recognition on all event materials

- _____ **Leadership Table at \$100,000** (\$96,300 is tax-deductible)
- Ten Prime Center Orchestra or Grand Tier performance tickets
 - One Prime table at the Gala dinner at The Plaza Hotel
 - Recognition on all event materials

_____ **Leadership Ticket(s) at \$10,000** (\$9,630 is tax-deductible)

- _____ **Diamond Benefactor Table at \$75,000** (\$71,300 is tax-deductible)
- Ten Prime Center Orchestra or Grand Tier performance tickets
 - One Prime table at the Gala dinner at The Plaza Hotel
 - Recognition on all event materials

_____ **Diamond Benefactor Ticket(s) at \$7,500** (\$7,130 is tax-deductible)

- _____ **Golden Benefactor Table at \$50,000** (\$46,300 is tax-deductible)
- Ten Priority Center Orchestra or Grand Tier performance tickets
 - One Priority table at the Gala dinner at The Plaza Hotel
 - Recognition on all event materials

_____ **Golden Benefactor Ticket(s) at \$5,000** (\$4,630 is tax-deductible)

- _____ **Benefactor Table at \$25,000** (\$21,300 is tax-deductible)
- Ten Orchestra or Grand Tier performance tickets
 - One table at the Gala dinner at The Plaza Hotel
 - Recognition on all event materials

_____ **Benefactor Ticket(s) at \$2,500** (\$2,130 is tax-deductible)

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 _____

Signature _____

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

Please return reply form to:

Susan Strebel

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