NEW JERSEY SYMPHONY ORCHESTRA
NJSO
JACQUES LACOMBE MUSIC DIRECTOR

Annual Fund Membership Form

YES! I want to play a part in the New Jersey Symphony Orchestra's continued artistic excellence and enrichment of tomorrow's musicians and patrons by making a contribution.

Name_____ Patron ID# _____

Address _____

City_____ State_____ Zip Code _____

Preferred Phone (home/work/cell)_____ Email _____

MEMBERSHIP LEVELS

Symphony Friends

☐ **Member** (up to $99)
☐ **Associate** ($100–$249)
☐ **Contributor** ($250–$499)
☐ **Sustainer** ($500–$999)
☐ **Pacesetter** ($1,000–$1,999)

The Amadeus Circle

☐ **Donor's Circle** ($2,000)
☐ **Patron's Circle** ($3,500)
☐ **Benefactor's Circle** ($5,000)
☐ **Musician's Circle** ($10,000)
☐ **Principal's Circle** ($15,000)
☐ **Trustee's Circle** ($25,000)
☐ **Concertmaster's Circle** ($50,000)
☐ **Maestro's Circle** ($75,000+)

Tribute Gifts

I wish to make a gift in honor/memory of (circle one):

_____
_____
Name as you wish it to appear.

Please notify:
_____
_____

Address _____
City _____
State _____ ZIP _____

☐ Please designate my gift for education and community engagement activities.
☐ Please designate my gift to the area of greatest need.
☐ I request no benefits for the current season.
☐ **The Crescendo Society**—I have increased my commitment this season by 25% or more (or 10% for current members).

GIVING OPTIONS

☐ Enclosed is my check in the amount of $_____ payable to the New Jersey Symphony Orchestra.

☐ Please charge my Visa / MasterCard/ American Express / Discover in the amount of $ _____

    Name on card _____

    Card Number _____ Expiration Date (MM/YY) _____/ _____

    *Signature*_____ *CVV #* _____

Installment Plan

☐ I wish to make a recurring gift of $_____ monthly for the next ___ months beginning on ___/___/_____.
Please charge the credit card listed above.   MM DD YYYY

☐ I pledge to give $_____ payable in full by June 30, 2015, to be paid by check in the following installments:

    $ _____ _____ $ _____ _____ $ _____ _____ $ _____ _____
      Amount   Date   Amount   Date   Amount   Date   Amount   Date

Matching Gift

☐ I wish to make my gift go further by having my company, _____, match my contribution with a _____ :1 match.   Name of Company

    ○ I have enclosed a matching-gift form or have completed a matching-gift form online:_____.
                                                      Confirmation Number

Print Recognition

☐ I wish to be acknowledged in any published materials as (name):_____
☐ I wish to give anonymously for the current season.

Laureate Society

☐ I have included the NJSO in my will or estate plan.
☐ I would like more information on including the NJSO in my will and/or estate plan. Please contact me.

Please return completed form to:
New Jersey Symphony Orchestra, Development Department, 60 Park Place, 9th Floor, Newark, NJ 07102
For questions, please call 973.735.1730 FAX: 973.624.2115 www.njsymphony.org WEB FORM