

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+)
- ☐ **Contributor** (\$250+)
- ☐ **Sustainer** (\$500+)
- ☐ **Pacesetter** (\$1,000+)

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 Plans

- ☐ 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, 2014, to be paid by check in the following installments:

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

Matching Gifts

- ☐ 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.

The 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