

**2019 KAUFMAN MUSIC CENTER GALA
HONORING CATHY WHITE O'ROURKE
AND THE MORRIS AND ALMA SCHAPIRO FUND**

Monday, June 3, 2019, 6:30 p.m. at Guastavino's

Seated Dinner and Concert
Special Performances by
Kaufman Music Center Artists and Students

RESERVATION FORM

_____ I/we will serve on the Gala Benefit Committee for Kaufman Music Center's 2019 Gala. I/we agree to purchase at least two IN HARMONY tickets at \$1,000 each or make a \$2,500 contribution.

LEVELS OF SUPPORT

_____ GALA CHAIR	\$50,000
Premier table for 10. Listing as Gala Chair on the evening's printed materials and event web page. Premier full-page journal ad. Name in Gala press release. Listing in Merkin Hall programs for one year.	
_____ VICE CHAIR	\$25,000
Premium table for 10. Listing as Vice Chair on the evening's printed materials and event web page. Premium full-page journal ad. Name in Gala press release. Listing in Merkin Hall programs for one year.	
_____ DINNER CHAIR	\$15,000
VIP table for 10. Listing as Dinner Chair on the evening's printed materials and event web page. Full-page journal ad. Listing in Merkin Hall programs for one year.	
_____ BENEFACTOR	\$10,000
Select table for 10. Listing as Benefactor on the evening's printed materials and event web page. Recognition as underwriter of one page in journal. Listing in Merkin Hall programs for one year.	
_____ MUSICAL MUSE TICKET	\$2,500
Individual Ticket(s) with preferred seating and Benefit Committee listing. Listing in Merkin Hall programs for one year.	
_____ IN HARMONY TICKET	\$1,000
Individual Ticket(s) and Benefit Committee listing. Listing in Merkin Hall programs for one year.	
_____ SPONSOR A TICKET	\$750
Underwrite an individual ticket for a Kaufman Music Center staff or faculty member, student, or alum to attend the Gala.	

**All but \$205 per ticket is tax-deductible.*

GALA JOURNAL SUBMISSIONS

PLEASE RESERVE THE FOLLOWING SPACE IN THE 2019 GALA JOURNAL:

(Reservation due by May 3. Artwork due by May 10.)

_____ INSIDE FRONT OR INSIDE BACK COVER	\$ 6,000 (limited availability)
_____ PREMIUM FULL PAGE	\$ 5,000
_____ FULL PAGE	\$ 2,500
_____ HALF PAGE	\$ 1,000
_____ QUARTER PAGE	\$ 500

I/We cannot attend but enclose a contribution of \$_____.

TOTAL AMOUNT ENCLOSED \$ _____.

PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM TO FINALIZE YOUR ORDER.

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RESERVATION FORM

Please return this form by **March 1, 2019** to ensure that you will be listed on the invitation.

Name(s) _____
Please list name(s) as it/they should appear on the event materials

Signature (required) _____

Address _____

City, State, Zip _____

Telephone (day) _____ Fax _____

E-mail _____

VISA/MC/AMEX/DISC # _____ Exp. Date _____ CVV Code _____

Name on Card _____

_____ I plan to make my gift via a Donor Advised Fund. *Please note, Donor Advised Funds may not be used to pay for the non-deductible portion of tickets and tables.*

Please make checks payable to **KAUFMAN MUSIC CENTER.**

Return form and payment to:

Lauren Patterson, Development Associate

Kaufman Music Center, 129 West 67th Street, New York, NY 10023

Phone: (212) 501-3356, Fax: (212) 874-7865, Email: lpatterson@kaufmanmusiccenter.org

For more information, please visit KaufmanMusicCenter.org/Gala

Please return by March 1, 2019

Thank you for your participation and support!