2020 KAUFMAN MUSIC CENTER GALA
HONORING DEVORAH & DAVID KRIEGER and
PRESENTING DESMOND CHILD
WITH THE CREATIVE ARTS AWARD

Monday, June 1, 2020, 6:30 p.m. at Guastavino’s

Seated Dinner with
Special Performances by Desmond Child and
Kaufman Music Center Artists and Students

RESERVATION FORM

_____ I/We will serve on the Gala Benefit Committee for Kaufman Music Center’s 2020 Gala. I agree to purchase at least two tickets or make a $2,000 contribution.

LEVELS OF SUPPORT

_____ GALA CHAIR
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
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
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.

_____ BENEFACCTOR
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
Individual Ticket(s) with preferred seating and Benefit Committee listing. Listing in Merkin Hall programs for one year.

_____ IN HARMONY TICKET
Individual Ticket(s) and Benefit Committee listing. Listing in Merkin Hall programs for one year.

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

GALA JOURNAL SUBMISSIONS

PLEASE RESERVE THE FOLLOWING SPACE IN THE 2020 GALA JOURNAL:
(Reservation due by May 4. Artwork due by May 11.)
_____ INSIDE FRONT OR INSIDE BACK COVER (full color)  $ 6,000 (limited availability)
_____ PREMIUM FULL PAGE (full color)  $ 5,000
_____ FULL PAGE (black & white)  $ 2,500
_____ HALF PAGE (black & white)  $ 1,000
_____ QUARTER PAGE (black & white)  $ 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.
2020 KAUFMAN MUSIC CENTER GALA

RESERVATION FORM

Please return this form by **February 24, 2020** to ensure that you will be listed on the invitation.

Name(s)  
Please print 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 February 24, 2020**

Thank you for your participation and support!