

THEATRE FOR A NEW AUDIENCE

Yes! I want to support Theatre for a New Audience's productions and education programs as a Member of the Producers Circle

DONOR INFORMATION

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Email: _____

I have chosen my giving level:

\$1,000 Associate Value of Benefits \$200

- An invitation for two (2) to Opening Celebration performances and receptions for three shows in the season, *subject to availability and current Covid policies.*
- An invitation for two (2) to the Annual Producers Circle reception with the Artistic Director and season artists
- Access to purchase prime location house seats through TFANA's Development office, *subject to availability*
- Recognition list in production Playbills and on website

\$2,500 Executive Value of Benefits \$396

All of the above benefits plus:

- An invitation for two (2) to any performance of each of the season's productions, including Opening Celebration performances and receptions, *subject to availability and current Covid policies.*

\$5,000 Artistic Director's Society

Value of Benefits \$421

All of the above benefits plus:

- A special gift from the Founding Artistic Director or one of our artists

\$10,000 + Catalyst Value of Benefits \$670

All of the above benefits plus:

- Four (4) complimentary tickets to any performance of each of the season's productions, including Opening Celebration performances and receptions, *subject to availability and current Covid policies.*
- Concierge service for access to house seats for Broadway productions and productions at other nonprofit theatres, *subject to availability.*
- Invitations to exclusive pre- or post-performance events and discussions with artists in selected productions or at rehearsals (two per season, cost of dinner additional)
- Invitation to selected readings of new works or projects in development in the Theatre's Merle Debuskey Studio Program (as available), not otherwise open to the public.

Other Amount _____

I would like to increase the value of my gift by waiving my benefits.

Payment Method:

I have enclosed a check written out to: Theatre for a New Audience

MAIL TO: Theatre for a New Audience / 154 Christopher Street, Ste. 3D / New York, NY 10014

Please charge my (please circle): Visa MasterCard American Express Discover

Credit Card # _____ Exp. Date. _____

Sec Code _____ Signature _____

My company has a Matching Gift program, please check with your company for the appropriate forms.

Company Name _____

To make your contribution online, please visit: [Join the Catalysts | Theatre for a New Audience](#)

For more information, please contact Sara Billeaux, Associate Director of Development, sbilleaux@tfana.org.

Theatre for a New Audience is a 501 (c)(3) organization. Thank you for your generous support!