

THEATRE FOR A NEW AUDIENCE
ANNUAL SPRING GALA

MAY 12, 2025

Celebrating Shakespeare's Birthday

Pledge Deadline for Invitation Listing: March 21, 2025. Program and Virtual Journal Deadline: May 2, 2025.

Please print your name and/or company as you wish it to appear in the Gala invitation.

Name _____ Title _____

Company Affiliation _____

Address _____

City _____ State _____ Zip _____

Telephone (day) _____ E-mail _____

I/We will join the Gala Committee and purchase a table:

____ **\$45,000 45th Season Co-Sponsor.** Premier table for 10, logo on invitation and program, with tribute ad (or logo) on screens at the event, and listing on the Theatre's website.

____ **\$30,000 Partner.** Premium table for 10, Partner listing on invitation and program with tribute ad (or logo) on screens at the event, and listing on the Theatre's website.

____ **\$20,000 Patron.** Priority table for 10, Patron listing on invitation and program, with tribute ad (or logo) on screens at the event, and listing on the Theatre's website.

____ **\$15,000 Benefactor.** Table for 10, Benefactor listing on invitation and program, with tribute ad (or logo) on screens at the event and listing on the Theatre's website.

I/We will join the Gala Committee and purchase tickets:

____ **\$3,000 Supporter Ticket(s).** Priority seating and Supporter listing on the invitation and program.

____ **\$2,000 Donor Ticket(s).** Preferred seating and Donor listing on the invitation and program.

All but \$350.00 per ticket is tax-deductible. ♦ Program and virtual journal deadline: May 2, 2025.

Celebrate the Theatre or the evening's Honorees with a Tribute Ad (or logo) projected on screens at the event:

____ \$3,000 for a fully tax-deductible tribute ad (or logo) displayed on screens at the event.

Tribute Ad Deadline: May 2, 2025.

____ I/We cannot attend but wish to make a fully tax-deductible contribution of \$ _____.

____ I/we would like to give an additional gift to the Jeffrey Horowitz Legacy Fund \$ _____.

Payment Information

____ To process payment, please submit an invoice to the contact filled in above.

____ Enclosed please find a check for \$ _____ payable to Theatre for a New Audience.

____ Pay by ACH/wire Transfer: Please send me Theatre for a New Audience's ACH information.

____ Please charge \$ _____ (total) to my: VISA MASTERCARD AMEX DISCOVER

Card Number _____ Exp. _____ Security Code _____

Signature _____

Please return this form to Gavin McKenzie at gmckenzie@tfana.org or gala@tfana.org or call 646-553-3890.

THEATRE FOR A NEW AUDIENCE, Attn: Gala Office, 154 CHRISTOPHER STREET, SUITE 3D, NEW YORK, NY 10014

For more information visit <https://tfana.org/support-us/events-annual-gala>