



YES! I would like to contribute at the following level:

- \$10,000 Director
- \$ 7,500 Choreographer
- \$ 5,000 Ballet Master
- \$ 3,000 Stager
- \$ 2,500 Principal's Circle
- \$ 1,500 Soloist's Circle
- \$ 1,000 Patron
- \$ 500 Associate
- \$ 250 Friend
- \$ Other

Enclosed is my check for \$_____ payable to The Louisville Ballet.

Please charge my credit card in full:

MasterCard Visa Discover AMEX

Card Number ExpirationDate

Please accept my pledge of \$_____ to be billed:

 Please contact me about donating stocks or securities.

My company will match my contribution. I have enclosed the forms.

I am interested in including the Louisville Ballet in my Will.

Signature

Please print name as you would like to see it in the program.

For more information about the **Individual Giving Program and Benefits**, contact Amy Lyons at (502) 583-3150 x 229 or via alyons@louisvilleballet.org.