

## 2024-2025 Annual Fund Membership Form

**YES!** I want to play a part in the New Jersey Symphony's continued artistic excellence and enrichment of tomorrow's musicians and patrons by making a contribution.

	Name		Patron ID#		
	Address				
	Preferred Phone (home/work/cell)	E	mail		
	MEMBERSHIP LEVELS			<u>Tribute Gifts</u>	
	Symphony Friends  • Member (up to \$99)	The	<i>Amadeus Circle</i> Circle (\$2,500)	I wish to make a gift in honor/memory of (circle one):	
	☐ Associate (\$100 - \$249)		Circle (\$3,500)		
	☐ Contributor (\$250 - \$499)		tor's Circle (\$5,000)	Name as you wish it to appear.	
	□ Sustainer (\$500 - \$999) □ □ Pacesetter (\$1,000 - \$2,499)		President's Circle (\$10,000+)	Please notify:	
	, , , , ,			Address	
				City	
				State Zip	
	Please designate my gift for education	and community	engagement activities.		
	Please designate my gift to the area of greatest need.  I choose to receive no benefits for the current season and deduct the full amount for tax purposes.				
	Yes, please add 5% to my gift to cover the credit card fees associated with my gift.				
_			ING OPTIONS	·	
	Enclosed is my check in the amount of \$ payable to the New Jersey Symphony.				
	Please charge my Visa / MasterCard/	Please charge my Visa / MasterCard/ American Express / Discover in the amount of \$			
	Name on card				
	Card Number		Expiration Da	Expiration Date (MM/YY)//	
	Signature		CVV #	CVV #	
Ins	stallment Plan				
	I wish to make a recurring gift of \$ monthly beginning on// Please charge the credit card listed above.  MM DD YYYY				
	I pledge to give \$ payable in full by August 31, 2025, to be paid by check in the following installments:				
	Ŷ	Ÿ	\$	Υ	
Ma	Amount Date atching Gift	Amount Dat	e Amount Date	Amount Date	
	<del>-</del>		ame of Company	match my contribution with a:1 match.	
Do	nor-Advised Fund				
	Please accept my donation through my	DAF from			
Pri	nt Recognition I wish to be acknowledged in any digita			Laureate Society: Create a Legacy  I have included the NJ Symphony in my will or estate	
	materials as (name): I wish to give anonymously for the curr		plan. □ I would like m	nore information on including the NJ will and/or estate plan. Please contact me.	

Please return the completed form to: