

DONATION FORM

NAME

ADDRESS

CITY / STATE / ZIP

DAY PHONE EVENING PHONE

E-MAIL ADDRESS

All gifts are tax-deductible as provided by law

Enclosed is my CHECK for.....

Please CHARGE \$.....

Visa Mastercard Discover

Card Number:

Expiration Date:

The undersigned PLEDGES \$..... by.....

To be paid: Quarterly Semi-Annually Annually

SIGNATURE..... DATE.....

DONOR LEVEL

Artistic Director's Circle (\$1,000 or more)

Ballet Master (\$500 - \$999)

Principal (\$250 - \$499)

Soloist (\$100 - \$249)

Corps de Ballet (\$25 - \$99)



oklahoma city
BALLET

Robert Mills, *Artistic Director*

My employer will match my gift.

Name of the corporation:.....

Please send me information on performance and other sponsorship opportunities.

OKLAHOMACITYBALLETT

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