



OPENING NIGHTS

2021-22 MEMBERSHIP

CONTACT INFORMATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL (*VERY IMPORTANT*) _____

PLEASE INDICATE YOUR MEMBERSHIP LEVEL

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Headliner (\$5,000) | <input type="checkbox"/> Producer's Circle (\$1,500) | <input type="checkbox"/> Friend (\$750) | <input type="checkbox"/> Debut (\$250) |
| <input type="checkbox"/> Director (\$2,500) | <input type="checkbox"/> Partner (\$1,000) | <input type="checkbox"/> Associate (\$500) | <input type="checkbox"/> Solo (\$100) |

LIST ME IN PROGRAM & WEBSITE

NAME(S) TO APPEAR IN PRINTED MATERIALS AND WEBSITE: _____

DISTINGUISHED ARTISTS FUND

I would like to help mitigate losses due to the pandemic and help continue bringing the world's most distinguished artists to FSU.

- \$100 \$250 \$500 \$1,000
- Other \$ _____

OPENING NIGHTS IN CLASS FUND

I would like to help provide artistic experiences, performances and workshops to college and K-12 students with special attention to underserved populations.

- \$100 \$250 \$500 \$1,000
- Other \$ _____

Payment Method: Check enclosed. Please make payable to **FSU Foundation** (memo line: "Opening Nights")

VISA **MasterCard** **American Express** **Discover**

NAME ON CARD _____

CARD NUMBER _____ EXPIRATION DATE _____ SECURITY CODE _____

Billing address same as above BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

Employer Matching Gift: Yes EMPLOYER/COMPANY _____

TOTAL CONTRIBUTION

MEMBERSHIP \$ _____

DISTINGUISHED ARTISTS FUND \$ _____

OPENING NIGHTS IN CLASS FUND \$ _____

TOTAL \$ _____

Mail this form with payment to:

GIFT SERVICES - OPENING NIGHTS
Florida State University Foundation
325 W College Avenue
Tallahassee, FL 32301-1403