

# 2017 Folger Gala

Celebrating 25 Years  
of Folger Theatre

## TO PURCHASE TICKETS OR SPONSOR A TABLE:

1. CALL (202) 675-0349

OR

2. COMPLETE THIS FORM

and email to [crobinson@folger.edu](mailto:crobinson@folger.edu),

mail to Folger Office of Development,

201 East Capitol Street, SE, Washington, DC 20003,

or fax to (202) 675-0330.

**MONDAY, APRIL 3**

6:30 p.m.  
Cocktail Reception

7:30 p.m.  
Entertainment

8:30 p.m.  
Black-Tie Dinner

## Folger SHAKESPEARE LIBRARY

201 East Capitol Street, SE

Washington, D.C.

[www.folger.edu/gala](http://www.folger.edu/gala)

### I/we wish to support the 2017 Folger Gala by:

Buying \_\_\_\_\_ single tickets at \$750 each (*\$610 tax deductible*)

Becoming a Gala Patron at \$2,500  
*Two tickets plus sponsor-level recognition (\$2,220 tax deductible)*

Making a fully tax-deductible gift of \_\_\_\_\_

\* \* \* \* \*

### I/we wish to buy a table at the 2016 Folger Gala with a sponsorship gift of:

<input type="checkbox"/> \$7,500 Sponsor <i>Gala table for ten</i> <i>\$6,100 tax deductible</i>	<input type="checkbox"/> \$10,000 Major Sponsor <i>Gala table for ten</i> <i>\$8,600 tax deductible</i>	<input type="checkbox"/> \$15,000 Prime Sponsor <i>Gala table for ten</i> <i>\$13,600 tax deductible</i>	<input type="checkbox"/> \$25,000 Lead Sponsor <i>Gala table for twelve</i> <i>\$23,320 tax deductible</i>
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I/we cannot attend on April 3, please make our sponsorship gift fully tax deductible

### Contact information:

NAME(S) \_\_\_\_\_  
(As you wish to be recognized in printed materials)

CONTACT AND/OR ASSISTANT NAME \_\_\_\_\_  
(If applicable)

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

**Attendee information (please complete if you plan to attend the Gala):**

PLACE CARD NAME(S) \_\_\_\_\_

DIETARY RESTRICTIONS \_\_\_\_\_

**Payment information:**

A check made payable to the **Folger Shakespeare Library** is enclosed (if sending by mail).

Please charge my:       American Express       MasterCard       VISA

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name exactly as it appears on card \_\_\_\_\_

Signature \_\_\_\_\_

I will make a gift of stock (Please contact the Development Department at 202-675-0377 for instructions).

Please invoice me (all pledges must be paid in full by June 30, 2017).

*If you have any questions, please contact Colleen Robinson in the development office at (202) 675-0349 or [crobinson@folger.edu](mailto:crobinson@folger.edu).*

***Thank you for your support!***