

THANK YOU **FOR YOUR** DONATION

IN SUPPORT OF THEATRE JACKSONVILLE

You have played an important role in our audience. We now invite you to join the Theatre Jacksonville donor family that brings theatre to life on the First Coast.

Your commitment to our success – as both a theatre-goer and financial supporter – is essential. As a community-supported, non-profit theatre, Theatre Jacksonville relies on donations from individuals, foundations and corporate partners to sustain the quality of its artistic work and the effectiveness of its education and community programs. Ticket purchases cover just half of what is needed to meet the theatre's annual operating budget. We hope you'll continue to share our vision that theatre is a community partnership and an invaluable resource for adults and youth alike.

SPONSORSHIP LEVELS

In honor and appreciation of the role our treasured patrons have played over our 97 years, Theatre Jacksonville has established the following giving levels:

STAR: \$10,000+

PRODUCER: \$5,000-9,999

ANGEL: \$1,000-4,999

CAMEO: \$500-999

UNDERSTUDY: \$100-499

CHORUS: \$50-99

For more information on our Endowment Program and The Weaver Matching Grant, please contact Sarah Boone, Executive Director at (904) 396-4425 ext. 21 or email her at SBoone@TheatreJax.com.

TO SECURE YOUR SEASON 98 SUBSCRIPTION [CLICK HERE](#)

Name _____

Mailing Address _____

City _____ State _____ ZIP _____

Best Phone _____ Alt. Phone _____

Email _____

CHOOSE HOW TO GIVE YOUR GIFT

- Operational Gift** – To be used for all the great things happening at Theatre Jacksonville.
- Programmatic Gift** – To be used for the current and future mainstage work at Theatre Jacksonville.
- Education Gift** – Investment in the current and future programs for our youth at Theatre Jacksonville.
- Other Gift** – Please specify...

Gift Frequency: One-time Monthly Quarterly Annually

Check enclosed payable to
Theatre Jacksonville, Inc.
2032 San Marco Blvd.
Jacksonville, FL 32207

FOR OFFICE USE ONLY
Date Rcd _____
Date Dp _____
Date Mld _____



Card# _____

Exp. Date _____ Sec. Code _____

\$ _____ **TOTAL Amount to be charged**

SUBMIT
Electronically via email

-OR-

PRINT
To send by mail with check