



CONTRIBUTION FORM

Company Name _____ Name(s) _____

Address _____

City, State, Zip _____

Phone (hm) _____ Phone (wk) _____ Email _____

Date of Contribution _____ Amount Contributed \$ _____

How should we list your name? _____

I wish my gift to remain anonymous

Please check what contribution category you would like to be in:

Family of Ballet Virginia

Director's Circle (25,000+) Choreographer's Circle (24,999-10,000) Principal's Circle (9999-7500)

Dancer's Circle (7499-5000) Student's Circle (4999-2000)

Friends of Ballet Virginia

5th Position (1999-1000) 4th Position (999-750) 3rd Position (749-500) 2nd Position (499-250) 1st Position (249-50)

Corporate Sponsorship

Theatre, Presenting Sponsor: \$20,000.00 Theatre, Lead Sponsor: \$10,000.00 Theatre, Sponsor: \$5,000.00

Special Request
