

**PATRONS OF THE PHILHARMONIC**  
**MEMBERSHIP RATES**

**CONTACT INFORMATION:** *(please complete below)*

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_ Home E-mail: \_\_\_\_\_  
 Company/Title (if applicable): \_\_\_\_\_  
 Company Address: \_\_\_\_\_  
 Company/Title (if applicable): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Office Telephone: \_\_\_\_\_ Office E-mail: \_\_\_\_\_  
 Preferred mailing address: \_\_\_\_\_ Home \_\_\_\_\_ Office \_\_\_\_\_

**MEMBERSHIP LEVEL:** *(please check one)*

	Patron Contribution	Upper Level	Non Tax Deductible
<b>Sustaining Patron</b>	\$17,500		\$520
<b>Guarantor Patron</b>	\$12,000	\$17,499	\$706
<b>Contributing Patron</b>	\$7,500	\$11,999	\$572
<b>Sponsor Patron</b>	\$5,000	\$6,499	\$470
<b>Supporting Patron</b>	\$3,000	\$4,999	\$216
<b>Donor Patron</b>	\$2,000	\$2,999	\$180

**PAYMENT INFORMATION:**

I/We have enclosed a check in the amount of \$ \_\_\_\_\_.

Please make all checks payable to the New York Philharmonic.

I/We wish to make a gift of appreciated securities. Please contact the Patron office at (212) 875-5682 about procedures for remitting the stock.

Please charge my credit card.

Type of card: American Express    MasterCard    Visa

Card no.: \_\_\_\_\_ Exp. date: \_\_\_\_\_

Cardholder's signature: \_\_\_\_\_

**MATCHING GIFT INFORMATION:**

I have enclosed a matching gift form in the amount of \$ \_\_\_\_\_  
 from \_\_\_\_\_ which may be applied toward my membership level.

(Company name)

**PROGRAM LISTING:**

Please include my listing in the program as:

\_\_\_\_\_

(Print your name as you would like it to appear.)

I wish to remain anonymous.

I am eligible to be included with the Young New Yorker Patrons for the Philharmonic (ages 21-40)

**THANK YOU FOR YOUR SUPPORT**