

Saturday, November 8, 2025

Yes! I/we wish to support (	Center Stage and will attend the event on Saturday, November 8, 2025
Unfortunately, I/we will n	not be able to attend, but wish to donate \$to support the benefit.
	Contact Information
Name:	
	(If applicable, as it should appear on printed materials)
Organization:	
	(If applicable, as it should appear on printed materials)
Contact Name:	
Address:	
City/State/Zip:	
Phone:	Email:
	Individual Tickets & Table Sponsorship
PREMIER	\$100,000 2 Tables of 10Ticket(s) at \$10,000
DIAMOND	\$50,000 2 Table of 10Ticket(s) at \$5,000
PLATINUM	\$25,000 Table of 10Ticket(s) at \$2,500
GOLD	\$15,000 Table of 10Ticket(s) at \$1,500
SILVER	\$10,000 Table of 10Ticket(s) at \$1,000
BRONZE	\$5,000 Table of 10Ticket(s) at \$500
Please Seat Me With (optional):	
Payment Options	
Enclosed is a check in the amou	ınt of \$ made payable to Playhouse Square Foundation.
I/we will commit to a Stock Tran	nsfer in the amount of \$
Please send me an invoice for \$	
Please charge \$	to: UISA MasterCard Discover American Expre
Account Number:	Exp.Date
Cardholder Signature	Security Code: