

2024 JUILLIARD CELEBRATION

MONDAY, FEBRUARY 5, 2024

100% OF NET PROCEEDS WILL SUPPORT SCHOLARSHIPS AT JUILLIARD

Name

Address

City

State

Zip

Phone

Email

I wish to be recognized in the benefit committee listing as follows:

If you have not provided a listing above, your current patron or previous gala listing will be used.
Kindly reply by November 20 in order to be included in the event invitation.

UNDERWRITER

☐ \$100,000
(\$95,800 tax-deductible)

Includes premier performance seating for up to fourteen (14)
Party tickets for up to fourteen (14)
Four (4) named scholarships to support Juilliard students in the 2024-25 academic year
Underwriter listing in event invitation and program

BENEFACTOR

☐ \$50,000
(\$46,400 tax-deductible)

Includes priority performance seating for up to twelve (12)
Party tickets for up to twelve (12)
Two (2) named scholarships to support Juilliard students in the 2024-25 academic year
Benefactor listing in event invitation and program

PATRON

☐ \$25,000
(\$22,000 tax-deductible)

Includes preferred performance seating for up to ten (10)
Party tickets for up to ten (10)
One (1) named scholarship to support Juilliard students in the 2024-25 academic year
Patron listing in event invitation and program

SPONSOR

☐

\$5,000

(\$4,700 tax-deductible)

Includes performance ticket for one (1)
Party ticket for one (1)
Sponsor listing in event invitation and program

SUPPORTER

☐

\$3,000

(\$2,700 tax-deductible)

Includes performance ticket for one (1)
Party ticket for one (1)
Supporter listing in event invitation and program

FRIEND

☐

\$1,500

(\$1,200 tax-deductible)

Includes performance ticket for one (1)
Party ticket for one (1)
Friend listing in event invitation and program

I/We cannot attend but would like to make a contribution in the amount of \$ _____

For donations at the Underwriter, Benefactor, or Patron levels, a member of the Development staff will be in touch after the event to discuss and arrange your named scholarships.

Guest Name(s) _____

Buyers who do not use all of the seats allotted to them will have the option to sponsor student attendees for their remaining seats.

☐

My company participates in a matching gift program and would like to match my contribution.

Company name for matching gift (if applicable) _____

Please charge my credit card: ☐ American Express ☐ Discover ☐ Mastercard ☐ Visa

Name (as it appears on the card)

Card number

Expiration date

Security code

Signature

A check is enclosed in the amount of \$ _____

Please make your check payable to The Juilliard School and mail it to:

Office of Special Events, The Juilliard School, 60 Lincoln Center Plaza, New York, NY 10023



FOR MORE INFORMATION PLEASE CONTACT EVENTS@JUILLIARD.EDU
OR (212) 799-5000, EXT. 329.
