



SONDHEIM: THE BIRTHDAY CONCERT
NEW YORK PHILHARMONIC SPRING GALA
MONDAY, MARCH 15, 2010

Reception 6:00-7:00 p.m. ♦ Concert 7:30 p.m. ♦ Dinner to Follow
TO BE LISTED IN OUR INVITATION, PLEASE RESPOND BY **FRIDAY, JANUARY 15, 2010**

Contact Information: (please complete below)

Name: _____
Company/Title (if applicable): _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (home) _____ (business) _____ (fax) _____
E-mail Address: _____

Invitation/Program Listing: List me (us) exactly as shown below, and include my company (if applicable):

Listing: _____

To Reserve Tables:

Vice-Chairman
\$50,000
(\$48,000 tax-deductible)

- Reception, premium concert seating for ten, premium table for ten at dinner;
- Invitation for two to an exclusive reception with Stephen Sondheim at a date to be announced;
- Plus *Playbill* listing, VIP ticket privileges for one year.

Principal Benefactor
\$25,000
(\$23,000 tax-deductible)

- Reception, excellent concert seating for ten, excellent table for ten at dinner;
- Invitation for two to an exclusive reception with Stephen Sondheim at a date to be announced;
- Plus *Playbill* listing, VIP ticket privileges for one year.

To Reserve Individual Tickets: The non-deductible portion for each individual ticket is \$200.00.

(Please indicate the number of tickets you wish to purchase in the space provided)

_____ **Principal Sponsor \$5,000 per ticket:** includes reception, premium concert, and dinner seating.

_____ **Principal Supporter \$2,500 per ticket:** includes reception, excellent concert, and dinner seating.

Contributions:

We cannot attend but are pleased to make a fully tax-deductible contribution in the amount of \$ _____.

PLEASE SEE REVERSE SIDE FOR SEATING PREFERENCES, AND PAYMENT INFORMATION.

Payment Information:

- I/we have enclosed a check in the amount of \$ _____;
Please make all checks payable to: New York Philharmonic
- I/we wish to make a gift of appreciated securities.
Please contact Georgia Petritsis at (212) 875-5757 about procedures for remitting the stock;
- Please charge my credit card.
Type of card:
 American Express Diners Club Discover MasterCard Visa
- Name (as it appears on card):

- Card No.: _____ Exp. Date: _____
- Signature: _____

Concert Seating preferences:

- I/we prefer to sit in the Orchestra, approximately in the _____ row.
- I/we prefer to sit in the First Tier, approximately in box # _____ or the _____ row.

Guest Names:

- I/we prefer to sit with _____.
- My/our guests are as listed below:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

To be listed in our invitation, please respond by Friday, January 15, 2010.
We regret that Gala tickets are non-refundable and cannot be exchanged.
Your dinner and concert tickets will be mailed to you in advance of the evening.

For additional information, please contact Georgia Petritsis by phone (212) 875-5757, fax (212) 875-5929,
e-mail to petritsisg@nyphil.org, or by mail to:

SPRING GALA BENEFIT
New York Philharmonic
Avery Fisher Hall
10 Lincoln Center Plaza
New York, NY 10023

Your participation in the Spring Gala will be considered separate from your Patron Membership and support of other New York Philharmonic programs. Tickets or tables may not be purchased with donor advised funds. A copy of the last annual report, filed with the New York State Office of the Attorney General, may be obtained upon request by writing to the New York Philharmonic.

THANK YOU FOR YOUR SUPPORT