



418 Sheridan Road, Highland Park, Illinois 60035 • (847) 266-5000 • (847) 433-7983 Fax • www.ravinia.org

GIFT OF MEMBERSHIP APPLICATION

This form is intended for manual completion. Please print and submit the form via fax or mail to: Ravinia Festival, 418 Sheridan Road, Highland Park, Illinois 60035.

MEMBERSHIP TYPE (please check one):

- | | | |
|--|---|---|
| <input type="checkbox"/> Bravo (\$100) | <input type="checkbox"/> Affiliate (\$500) | <input type="checkbox"/> Opus (\$4,000) |
| <input type="checkbox"/> Encore (\$200) | <input type="checkbox"/> Patron (\$1,000) | <input type="checkbox"/> Guarantor (\$7,000) |
| <input type="checkbox"/> Friend (\$300) | <input type="checkbox"/> Marquee (\$2,000) | <input type="checkbox"/> President's Circle (\$10,000) |

YOUR INFO

Name (Mr. / Mrs. / Ms. / Dr.)

Address

City / State / Zip

Daytime Phone

Evening Phone / E-mail Address

Signature

Date

☐ Paid herewith \$_____.
Please make all checks payable to:

Ravinia Festival Association

418 Sheridan Road
Highland Park, IL 60035

☐ Please charge my credit card

CC# _____ Exp: ____/____

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> Discover | <input type="checkbox"/> American Express |
| <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard |

GIFT RECIPIENT

Name (Mr. / Mrs. / Ms. / Dr.)

Address

City / State / Zip

Daytime Phone

E-mail Address

Member Materials (*Gift Membership acknowledgment):

- ☐ Please send to me (donor)
☐ Please send to Gift Recipient

**Formal receipt will be sent to you for tax purposes.*