



# BLACK ENSEMBLE THEATER'S 2023 SPRING EDUCATIONAL OUTREACH CAMPAIGN

Your support is so vital to the Black Ensemble Theater. Quite frankly, as a Not-For-Profit we could not exist without your financial contribution. We thank you for being a donor of the theater. There are eight levels of membership. Please choose your preference and accept the benefits outlined under each category as our heartfelt thank you!

**FRIENDS OF THE BLACK ENSEMBLE THEATER - \$200 - \$499**

Your name will be published in our production program booklets and on our website as a contributor to the Black Ensemble Theater.

**SPECIAL FRIENDS OF THE BLACK ENSEMBLE THEATER - \$500 - \$999**

In addition to the above benefit you will receive two complimentary tickets to a production of your choice.

**NEXT STAGE SOCIETY - \$1,000 - \$2499**

In addition to all of the above benefits, you will receive invitations to our special preview night of each production

**MAGIC CIRCLE - \$2,500 - \$4999**

In addition to all of the above benefits, you will be invited to special events produced during the year such as backstage tours, an evening of conversation with the directors or actors and an invitation to meet the stars.

**TRANSFORMERS - \$5,000 - 9,999**

This significant gift will help Black Ensemble Theater in its transformational evolution, strengthening programs and ensuring the growth of the organization. In addition to all of the above benefits you will receive four (4) complimentary tickets to Black Ensemble Theater's annual Gala.

*If you choose to support Black Ensemble Theater at the following levels, our donor representative will contact you to outline your benefits:*

- SUSTAINER - \$10,000 - \$24,999**     **CATALYST - \$25,000 - \$49,999**     **VISIONARY - \$50,000 - \$150,000**

*Please contact Miguel Martinez/V.P. of Development at (773) 754-3931 or mmartinez@blackensemble.org if you have any questions.*

Check - payable to **Black Ensemble Theater**                      Donation Amount: \_\_\_\_\_

Please charge my     Visa     Mastercard     American Express     Discover Card

Name as it appears on your card

Card No.	Expiration Date	Code
----------	-----------------	------

Name

Address

City	State
------	-------

Telephone	Zip Code
-----------	----------

Email

Please check here if you wish to remain anonymous.