UF PERFORMING ARTS AFFILIATE MEMBERSHIP FALL 2021

Name______________________________________________________________
Address___________________________________________________________________
City/State/Zip ________________________________________________________________________________________________
Phone _________________________ E-mail______________________________

AF\FFILIATE LEVELS

- Benefactor/$10,000
- SuperCelebrity/$7,500
- Celebrity/$5,000
- SuperStar/$2,500
- Headliner/$1,750
- Star/$1,000
- Producer/$500
- Director/$250
- Manager/$100

Name to appear in printed materials

DRIVEWAY THEATRE PROJECT

Additionally, I would like to contribute to the Driveway Theatre Project.

- $100
- $250
- $500
- $1,000
- Other $____________

TOTAL CONTRIBUTIONS

<table>
<thead>
<tr>
<th>Contribution</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affiliate Membership</td>
<td>$___________</td>
</tr>
<tr>
<td>Driveway Theatre Project</td>
<td>$___________</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>$___________</td>
</tr>
</tbody>
</table>

Transfer total to payment section on reverse
Please apply my **TOTAL CONTRIBUTIONS** (from reverse of form) $ _______________ to the following method of payment:

- [ ] Check payable to UF Foundation, Inc.  OR  Credit Card (check one)
  - [ ] Visa
  - [ ] MasterCard
  - [ ] Discover
  - [ ] American Express

Card Number ___________________________  Exp. Date ___________________________

Name on Card ___________________________________________________________________

Billing Address ___________________________  City/State/Zip _________________________

Signature ___________________________  Date ___________________________

**PAYROLL DEDUCTION** for UF employees

- [ ] I wish to make a Payroll Deduction for my Affiliate Membership and/or additional contribution.

  Designate employer:  
  - [ ] UF  
  - [ ] 9 months (16 pay periods)  OR  
  - [ ] 12 months (24 pay periods)  
  - [ ] Shands: 12 months (26 pay periods)

Please refer to the payroll deduction schedule on the UFPA website: [performingarts.ufl.edu/giving/affiliate-membership](http://performingarts.ufl.edu/giving/affiliate-membership).

Deduction per pay period $ ___________________________  UF Employee ID Number ___________________________

I understand this will continue until I notify University of Florida Performing Arts, in writing, of my desire to cancel this deduction.

Signature ___________________________  Date ___________________________

MONTHLY PAYMENT OPTIONS ARE NOW AVAILABLE TO EVERYONE ONLINE:  
[performingarts.ufl.edu/giving/affiliate-membership](http://performingarts.ufl.edu/giving/affiliate-membership)