

UF PERFORMING ARTS AFFILIATE MEMBERSHIP FALL 2021

Name _____

Address _____

City/State/Zip _____

Phone _____ E-mail _____

AFFILIATE LEVELS

- | | | |
|---|--|---|
| <input type="checkbox"/> Benefactor/\$10,000 | <input type="checkbox"/> SuperStar/\$2,500 | <input type="checkbox"/> Producer/\$500 |
| <input type="checkbox"/> SuperCelebrity/\$7,500 | <input type="checkbox"/> Headliner/\$1,750 | <input type="checkbox"/> Director/\$250 |
| <input type="checkbox"/> Celebrity/\$5,000 | <input type="checkbox"/> Star/\$1,000 | <input type="checkbox"/> 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 \$ _____

AFFILIATE BUYING PERIODS

Benefactors..... August 12
SuperCelebrities..... August 13
Celebrities August 16
SuperStars & Performance
Sponsors August 17
Headliners..... August 18
Stars August 19
Producers August 23
Directors August 25
Managers & Student
Affiliates August 26

TOTAL CONTRIBUTIONS

Affiliate Membership \$ _____

Driveway Theatre Project \$ _____

TOTAL \$ _____

Transfer total to payment section on reverse

PAYMENT OPTIONS

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**.

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