

UF PERFORMING ARTS AFFILIATE MEMBERSHIP 2022|2023 SEASON

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

SCAN THE QR CODE
TO COMPLETE THE
PROCESS ONLINE



DRIVEWAY THEATRE PROJECT

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

- \$100 \$250 \$500 \$1,000
 Other \$ _____

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 and SHANDS Employees

- I wish to make a Payroll Deduction for my Affiliate Membership and/or additional contribution.
Designate employer: UF 9 months OR 12 months SHANDS 12 months

Please refer to the payroll deduction schedule on the UFPA website: bit.ly/3timwsS

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