

UF PERFORMING ARTS AFFILIATE MEMBERSHIP 2024|2025 SEASON

BRINGING MOMENTS OF MEANING TO LIFE

Name _____

Address _____

City/State/Zip _____

Phone _____ E-mail _____

AFFILIATE LEVELS

- | | | |
|---------------------------------------------------|----------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Investor \$25,000 | <input type="checkbox"/> SuperStar \$2,500 | <input type="checkbox"/> Director \$250 |
| <input type="checkbox"/> Benefactor \$10,000 | <input type="checkbox"/> Headliner \$1,750 | <input type="checkbox"/> Manager \$100 |
| <input type="checkbox"/> SuperCelebrity \$7,500 | <input type="checkbox"/> Star \$1,000 | <input type="checkbox"/> Three-year sustaining membership* |
| <input type="checkbox"/> Celebrity \$5,000 | <input type="checkbox"/> Producer \$500 | |

*Your corresponding membership level pledged over three years. Sustaining members receive special program recognition.

Name to appear in printed materials _____

SCAN THE QR CODE
TO COMPLETE THE
PROCESS ONLINE



ADDITIONAL CONTRIBUTIONS

Please add an additional \$_____ to my gift to be directed towards:

- Arts Education (F004437) Driveway Theatre Project (F025171)
- Other _____

TOTAL CONTRIBUTIONS

Affiliate Membership	\$ _____
Additional Contributions	\$ _____
TOTAL	\$ _____

Transfer total to payment section below

PAYMENT OPTIONS

Please apply my **TOTAL CONTRIBUTIONS** (from above) \$_____ 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

For Payroll Deduction instructions, scan the QR code at right.

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