

Thank you for your support!

Name _____

Phone _____ Email _____

Address _____

City, State, Zip _____

Check (payable to The National Yiddish Theatre – Folksbiene) will be mailed to the office.

Credit Card: VISA MC Discover

Name on card _____ Signature _____

Card # _____ Exp. Date _____ CVV # _____

Hold tickets at the box office under the name of: _____

Mail tickets to name and address at the top of this page, or to the following name and address:

I cannot attend but wish to support The National Yiddish Theatre – Folksbiene with a contribution of \$ _____

Mail your order to: **The National Yiddish Theatre – Folksbiene**,
135 West 29th Street, #504, New York, NY 10001.

Phone your order to **212.213.2120**.

Fax your order to **212.213.2186**.

Email your order to **info@folksbiene.org**.

Contributions above \$75 per ticket are tax deductible.

2009 ANNUAL GALA

Honoring Ernest W. Michel

Monday, June 8

THE TOWN HALL

Our 2009 Annual Gala offers an opportunity for you to support The National Yiddish Theatre–Folksbiene, America’s preeminent Yiddish theater, and to pay special tribute to our distinguished honoree, Ernest W. Michel and our The National Yiddish Theatre Heritage Hemshekh Award recipients, Dr. Eva Fogelman and Danielle Sarna.

\$25,000 Producer’s Society

Platinum page journal ad; 10 Prime Orchestra seats;
Gold Annual Membership

\$10,000 Director’s Circle

Gold page journal ad; 6 Prime Orchestra seats/loge box seats

\$5,000 Mainstage Patron

Silver page journal ad; 4 Prime Orchestra seats/loge box seats

\$2,500 Production League

Full page journal ad; 2 Prime Orchestra seats

\$1,500 Full Page Journal Ad

\$1,000 Half Page Journal Ad

\$500 Quarter Page Journal Ad

\$180 Name Listed on Honoree Tribute Page

TICKETS ONLY:

Loge Box Seats # _____ @ \$500/each (6 seats in a box) = Total \$ _____

Prime Orchestra # _____ @ \$500 = Total \$ _____

Orchestra # _____ @ \$250 = Total \$ _____

Side Orchestra # _____ @ \$150 = Total \$ _____

Front Mezzanine # _____ @ \$150 = Total \$ _____

Rear Mezzanine # _____ @ \$75 = Total \$ _____

Young Friends # _____ @ \$40 = Total \$ _____

Total # of Tickets: _____ **Total Ticket \$** _____

For TOTAL PURCHASE of \$500 or above, or for the \$180 name listing, please print how you wish your name(s) to appear in our program journal: _____

Please use this space for your Program Journal message or attach a separate sheet. _____

The deadline for the Journal is May 18, 2009. Ads received after that date will be inserted as a supplement.

