



Celebration Committee: David Diamond & Karen Zukowski | Peter O. Erwin | Lisa Stern | Judy Sund & Scott Gilbert | Derrik R. Wynkoop

I (We) would like to take a leadership role and help to sponsor the Summer Solstice Celebration:

_____ \$10,000 Benefactor Sponsorship

The tax-deductible portion of your contribution is \$9,050.
Includes ten (10) tickets with premier dinner seating at the Summer Solstice Celebration.

_____ \$5,000 Patron Sponsorship

The tax-deductible portion of your contribution is \$4,525.
Includes five (5) tickets with prime dinner seating at the Summer Solstice Celebration.

_____ \$2,500 Friend Sponsorship

The tax-deductible portion of your contribution is \$2,310.
Includes two tickets with prime dinner seating at the Summer Solstice Celebration.

All Sponsors receive recognition in the Summer Solstice Celebration materials and on Storm King's website. If you return this form by Thursday, April 13, we will recognize you in the Summer Solstice Celebration invitation.

I (We) would like to purchase individual tickets to the Summer Solstice Celebration:

_____ \$500 x _____ (# of reception and dinner tickets) = _____

The tax-deductible portion of your contribution is \$405 per ticket.

_____ \$325 Young Patron Ticket (ages 21-39) x _____ (# of reception and dinner tickets) = _____

The tax-deductible portion of your contribution is \$230 per ticket.

_____ \$150 x _____ (# of reception only tickets) = _____

The tax-deductible portion of your contribution is \$110 per ticket.

I am unable to attend, but wish to make a fully tax-deductible contribution of \$ _____.

NAME (as you would like it to appear in program listings)

CONTACT PERSON (if different than above)

ADDRESS

CITY _____ **STATE** _____ **ZIP** _____

PHONE _____ **EMAIL** _____

Please make checks payable to Storm King Art Center or provide your credit card information below:

Please charge my card: ___ American Express ___ Mastercard ___ Visa

Credit Card Number _____ Expiration Date _____ Security (CVC) Code _____

Name on the card: _____ Authorized Signature: _____

Please mail completed form and payment to:
Storm King Art Center, 1 Museum Road, New Windsor, NY 12553 or via fax 845-534-4457

For further information, contact Amy Zaltzman at 845-534-3115 x7109 or summersolstice@stormkingartcenter.org.