

# STORM KING GALA 2025

Honoring

Arlene Shechet  
John P. Stern

Wednesday, October 8, 2025  
Rainbow Room, NYC

Gala Chairs

Cathy and Peter Halstead  
Nicholas A. Polsky and Eve Yohalem  
Thomas A. and Georgina T. Russo

**I (We) would like to join the Annual Gala Benefit Committee as a Vice Chair, and be recognized in the Gala program and Storm King materials:**

**\$100,000\* Benefactor** \_\_\_\_\_

Premier dinner seating for up to 10 guests, with up to two optional added seats (12 seats) for artists or Storm King leadership, listing as Vice Chair and recognition as a Benefactor in the Gala materials.

**\$50,000\* Sponsor** \_\_\_\_\_

Preferred dinner seating for up to 10 guests, with up to two optional added seats (12 seats) for artists or Storm King leadership, listing as Vice Chair and recognition as a Sponsor in the Gala materials.

**\$25,000\* Patron** \_\_\_\_\_

Dinner seating for up to 10 guests, listing as Vice Chair and recognition as a Patron in the Gala materials.

**I (We) would like to purchase individual tickets:**

**\$5,000\* Supporter Ticket x \_\_\_\_\_ (# of tickets) = \_\_\_\_\_**

Premier dinner seating and recognition as a Supporter in the Gala materials.

**\$2,500\* Friend Ticket x \_\_\_\_\_ (# of tickets) = \_\_\_\_\_**

Prime dinner seating and recognition as a Friend in the Gala materials.

**\$2,500 Artist Ticket (Contribution) x \_\_\_\_\_ (# of tickets) = \_\_\_\_\_**

If you are unable to join us but wish to underwrite a ticket for a Storm King artist, please select this option.

*\*You will receive goods and services valued at \$300 per ticket purchased to the Annual Gala.*

**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 checks to:** Storm King Art Center, 1 Museum Road, New Windsor, NY 12553

**For more information about the Gala, please visit [stormking.org/gala](https://stormking.org/gala), contact Tara Kosloski at 845.549.0707, or email [t.kosloski@stormkingartcenter.org](mailto:t.kosloski@stormkingartcenter.org).**