



**MONDAY, SEPTEMBER 13, 6:00 PM**

**The DiMenna Center for Classical Music**  
**Susan Graham, Host & Isabel Leonard, Special Guest**

**I will attend, please register my reservation as follows:**

**I cannot attend, but wish to support The DiMenna Center and Orchestra of St. Luke's as follows:**

|                                   |   |  |
|-----------------------------------|---|--|
| <b>Chairman's Challenge Table</b> | <i>Premium seating for 6</i>                                      | <b>Table(s) at \$7,500</b> (\$6,900 tax deductible) = \$ _____     |
| <b>Benefactor Table</b>           | <i>Premium seating for 4</i>                                      | <b>Table(s) at \$5,000</b> (\$4,600 tax deductible) = \$ _____     |
| <b>Sponsor Ticket</b>             | <i>Priority seating for 1</i>                                     | <b>Ticket(s) at \$1,500</b> (\$1,400 tax deductible) = \$ _____    |
| <b>Patron Ticket</b>              | <i>General admission for 1</i>                                    | <b>Ticket(s) at \$1,000</b> (\$900 tax deductible) = \$ _____      |
| <b>Sponsor a Musician</b>         | <i>I will sponsor a musician to attend the event</i>              | <b>Sponsorship(s) at \$500</b> (fully tax deductible) = \$ _____   |
| <b>Sponsor a Student</b>          | <i>I will sponsor a student's year of education opportunities</i> | <b>Sponsorship(s) at \$1,000</b> (fully tax deductible) = \$ _____ |
| <b>Make a Gift</b>                |   | <b>Donation</b> (fully tax deductible) = \$ _____                  |

**GRAND TOTAL: = \$ \_\_\_\_\_**

Name / Company (as I wish to be listed) \_\_\_\_\_

My gift is in honor of \_\_\_\_\_

My gift is in memory of \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Enclosed is my check payable to Orchestra of St. Luke's**

**I wish to pay by credit card** (you may also donate online at [OSLmusic.org/Benefit](http://OSLmusic.org/Benefit))

Visa     MasterCard     Amex     Discover

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_

Signature \_\_\_\_\_ Billing Zip \_\_\_\_\_



Please return this form to Jaime Kight at [jkight@OSLmusic.org](mailto:jkight@OSLmusic.org) or by mail to:

**ORCHESTRA OF ST. LUKE'S**  
**450 WEST 37TH STREET, SUITE 502**  
**NEW YORK, NY 10018**

For additional information, please call Jaime Kight at 212.594.2061 or visit [OSLmusic.org/Benefit](http://OSLmusic.org/Benefit)