



1. CHOOSE YOUR AREAS OF SUPPORT

- ☐ **STAR Giving (\$50 - \$5,999)** \$ _____
- ☐ **Youth Opera & Education Fund (\$50+)** \$ _____
- ☐ **Co-Producer (\$6,000-\$29,999)** \$ _____
Sponsorship Add-On:
☐ Apprentice/Studio Artist (\$3,000) \$ _____
- ☐ **Season Producer (\$30,000-\$99,999)** \$ _____
Sponsorship Add-On:
☐ Apprentice/Studio Artist (\$3,000) \$ _____
☐ Principal Artist (\$5,000) \$ _____
- ☐ **Production Sponsor (\$100,000+)** \$ _____

2. ADD UP YOUR TOTAL GIFT

GRAND TOTAL (Sum of gifts in #1): \$ _____

Consider increasing your annual gift by making monthly payments.

*Your cumulative gifts from \$50 to \$5,999 receive **Patron Tier** benefits and recognition. Gifts greater than \$6,000 receive **Leadership Tier** benefits and recognition (visit www.sarasotaopera.com/donorbenefits for more information).*

- ☐ **I am interested in or have made estate plans leaving a bequest, beneficiary designation, or legacy gift to Sarasota Opera.**

The Sarasota Opera Association, Inc., a not-for-profit, tax-exempt corporation, acknowledges all contributions as tax-deductible less the value of any goods or services received. A copy of the official registration and financial information may be obtained from the division of consumer services by calling toll-free 1-800-435-7352 within the state. Registration does not imply endorsement, approval, or recommendation by the state. Registration number CH429. EIN: 23-7089047

3. ENTER YOUR RECOGNITION NAME & CONTACT INFORMATION

CONTACT INFORMATION

Please fill in this section so we can be sure your information is up to date in our system.

Print your name(s) as you wish it to appear in all recognition or on mailings. ☐ **I wish to remain anonymous.**

Street Address or P.O. Box _____

City _____

State _____

Zip _____

Phone _____

Email _____

4. ENTER HOW YOU PLAN TO FULFILL YOUR GIFT

- ☐ **Check** to Sarasota Opera Association, Inc. is enclosed for \$ _____
- ☐ A gift will come from my **Donor Advised Fund** or **Foundation**: _____
- ☐ **Stock Transfer** (Sarasota Opera will send you transfer instructions for your investment firm.)
- ☐ **Credit Card No.** _____ Exp. _____ Sec. Code _____
- Signature _____
- ☐ I/We would like to make our gift in **monthly installments** of \$ _____

Mail to: Melissa Voigt, Development Director, Sarasota Opera, 61 N. Pineapple Ave., Sarasota, FL 34236
 or Email: mvoigt@sarasotaopera.org
 Questions? (941) 366-8450, Ext. 813

*Donations received before 12/15/2026 will be recognized in the 2027 Winter Opera Festival Program Book