



2015-16 Annual Fund

Principal - \$500 Soloist - \$250 Coprs de Ballet - \$100 Other \$ _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

I would prefer my/our name to be listed in KCB publications as:

 Please list me as *anonymous*.

I do not wish to receive any benefits that would decrease the tax deductibility of my gift.

Area of support: _____

PAYMENT OPTIONS FOR YOUR CONTRIBUTION *(Select your preference.)*

My check or cash in the amount of \$ _____ is enclosed
(Please make checks payable to Kansas City Ballet)

Credit Card: Amex Visa MasterCard Discover
Card # _____ Exp. date _____ Amount: \$ _____

Please send me a payment reminder (month/date/year) _____

I would like to set up the following payment plan (ie: \$125/month for 12 months, to begin 7/15/2014)

 I would like to make a gift of stock; please contact me.

My employer will match my gift; a matching gift form is enclosed.

MULTI-YEAR OPTION

I would like to make a multi-year pledge of the following:

Year	Pledge Amount	Instruction regarding payments/reminders:
2015-2016		
2016-2017		
2017-2018		

Signed _____ Dated _____

Thank you!

Kansas City Ballet, 500 W Pershing Road, Kansas City, MO 64108

Kansas City Ballet Association is a tax-exempt 501(c)(3) MO Corporation Federal ID# 43-6052680.