



SOHO REP GALA
Monday, June 6, 2022

I am/we are pleased to attend Soho Rep’s Gala and support the organization’s three-show season, new productions by radical theater-makers, and increased salaries for every single artist working at the theater.

SPONSORSHIP LEVELS

___\$20,000 Fireworks Sponsor

- 4 tickets to the cocktail party + performances
- Verbal acknowledgment during the event
- One Soho Rep Season Pass for you and your guests
- Invitation to three opening night parties during our 2022-23 Season
- Name/logo included with lead recognition onsite throughout event, on event-specific press releases, on Soho Rep’s website, and in the event program

___\$10,000 Disco Ball Sponsor

- 2 tickets to the cocktail party + performances
- One Soho Rep Season Pass for you and your guests
- Invitation to one opening night party during our 2022-23 Season
- Name/logo included on event-specific press releases, on Soho Rep’s website, and in the event program

___\$5,000 Noisemaker Sponsor

- 2 tickets to the cocktail party + performances
- One Soho Rep Season Pass for you and your guests
- Name/logo included on Soho Rep’s website, and in the event program

TICKETS

___\$2,000 Firecracker ticket(s)

- 1 ticket to the cocktail party + performances
- One Soho Rep Season Pass
- Name/logo included on Soho Rep’s website, and in the event program

___\$1,000 Balloon ticket(s)

- 1 ticket to the cocktail party + performances
- Two free tickets to any production in our 2022-23 Season
- Listing in event program

___\$500 Party Hat ticket(s)

- 1 ticket to the cocktail party + performances
- Listing in event program

DONATIONS

___ I am/we are unable to attend. Please accept my fully tax-deductible contribution of \$_____.

___ I would like to double the impact of my gift! Enclosed, please find my company’s matching gift form.

Please complete payment and contact information on the reverse side.

CONTACT INFORMATION

Name (as you would like it to appear on printed materials)

Contact Name (if different than above) Company (if applicable)

Phone Email

PAYMENT INFORMATION

___ Please charge my credit card for \$_____.

___ Enclosed is my check payable for \$_____.

Please make checks payable to Soho Repertory Theatre.

BILLING INFORMATION

Credit Card # Expiration Date Security Code

Name (as it appears on card) Signature

Address

City State Zip

Phone Email

Soho Rep is a 501(c)(3) non-profit organization. Your contribution, minus the total amount for goods and services, is tax-deductible according to law. Tax ID #13-2885288.

For more information, please contact Director of Development Liene Camarena Fogeles at (212) 941-8632 ext. 203 or liene@sohorep.org

Please return this form with your payment to the Soho Rep offices at 401 Broadway, Suite 300, New York, NY 10013. You may also email this reservation form to liene@sohorep.org and mail your check separately.