

L I V E R M O R E  
 arts  
 B A N K H E A D T H E A T E R  
**MEMBER BENEFITS**

Join the **BANKHEAD** family and help bring world class arts and entertainment to the Tri-Valley.  
 Choose the membership level that best suits you.

ANNUAL MEMBERSHIP BENEFITS	MAINSTAGE \$125	APPLAUSE \$250	ENCORE \$500	OVATION \$1,000	ARTISTE \$2,500	MAESTRO \$5,000	VIRTUOSO \$10,000	IMPRESARIO \$25,000
	35 MM \$50							
Priority Ticketing	●	●	●	●	●	●	●	●
<b>*10% Discount</b> on Adult Tickets for <b>BANKHEAD Presents</b> Events + 15% off Flexible Packages of 5 or More Shows in 1 (one) order	●	●	●	●	●	●	●	●
Recognition in the Honor Roll of Donors	●	●	●	●	●	●	●	●
2 Complimentary Tickets to the Season Announcement Party	●	●	●	●	●	●	●	●
LVPAC Newsletter, Calendar and Annual Report	●	●	●	●	●	●	●	●
Announcements, Special Offers, and Invitations to LVPAC Galas and Events	●	●	●	●	●	●	●	●
10% off Bothwell Classes + Special Offers From Resident Companies (as available)	●	●	●	●	●	●	●	●
Voucher for Free Item or Beverage at Bankhead Theater Concessions		●	●	●	●	●	●	●
1 Pass for 4 People to Enjoy the Scott Haggerty Founders Room Prior to Performance and at Intermission		●	N/A	N/A	N/A	N/A	N/A	N/A
2 Passes for 4 People to the Founders Room			●	N/A	N/A	N/A	N/A	N/A
Unlimited Access to the Founders Room				●	●	●	●	●
Invitation to Attend the Annual Chair's Luncheon				●	●	●	●	●
Meet and Greet Opportunities With <b>BANKHEAD Presents</b> Performers When Available				●	●	●	●	●
Private Tour of Bankhead Theater Upon Request					●	●	●	●
Opportunity to Host a Reception in the Upstairs Lobby of the Bankhead Theater Prior to a <b>BANKHEAD Presents</b> Performance						●	●	●
Invitation to reserve tickets (up to \$2000 value) to Bankhead Presents performances before they go on sale to members. Must claim benefit when making the donation. <i>(Costs of benefits vary. Donor is responsible for reporting full value of benefit per IRS regulations. Please contact development if you need assistance).</i>							●	●
Opportunity to Host a Private Dinner on the Stage of the Bankhead								●

**\*Discount not available on Special Events or GALA Tickets**

**35 MM (Mainstage Millennial) memberships are exclusively for members up to age 35. Proof of age is required.**

*Benefits are based on availability and subject to change. Existing members will receive new benefits upon renewal.*

**For more information contact LVPAC's Development office at 925.583.2305 or email [membership@lvpac.org](mailto:membership@lvpac.org)**

# DONATION / MEMBERSHIP FORM

NAME		SPOUSE	
STREET ADDRESS			
CITY		STATE	ZIP
HOME PHONE		CELL PHONE	
EMAIL		BIRTH DATE MM/DD/YYYY	

CHECK ALL ITEMS THAT APPLY:  NEW  RENEWAL  GIFT MEMBERSHIP

CHECK	MEMBERSHIP LEVEL	\$ AMOUNT
	ANY / OTHER AMOUNT	
	35 MM	\$50
	MAINSTAGE	\$125
	APPLAUSE	\$250
	ENCORE	\$500
	OVATION	\$1,000
	ARTISTE	\$2,500
	MAESTRO	\$5,000
	VIRTUOSO	\$10,000
	IMPRESARIO	\$25,000+

#### USE MY GIFT FOR:

1	GREATEST NEED	
2	LVPAC EDUCATION FUND	
3	STUDENT TICKET FUND	
4	BOTHWELL ARTS CENTER	

#### PLEASE CONTACT ME, I AM INTERESTED IN:

	SPONSORSHIP
	NAMING OPPORTUNITIES
	GIFT OF STOCK
	PLANNED GIVING/ENDOWMENT
	BANKHEAD THEATER BRICKS AND SEATS

**MY EMPLOYER WILL MATCH MY CONTRIBUTION.**

Please see your Human Resources department for information on your employer's matching gift program.

Memberships are effective for 12 months from date of enrollment.

You may visit our website at [www.LVPAC.org](http://www.LVPAC.org)  
or call 925.583.2305 for additional information.  
Emails can be sent to [MEMBERSHIP@LVPAC.ORG](mailto:MEMBERSHIP@LVPAC.ORG)

Please mail or fax this form to:  
LVPAC DEVELOPMENT  
2400 FIRST STREET, LIVERMORE, CA 94550  
FAX: 925.373.6097

RECIPIENT INFORMATION		
NAME		
STREET ADDRESS		
CITY	STATE	ZIP
DAYTIME PHONE	EVENING PHONE	
EMAIL	BIRTH DATE	

CHECK	TYPE OF PAYMENT	
	<b>CHECK ENCLOSED</b> PAYABLE TO: LIVERMORE VALLEY PERFORMING ARTS CENTER / LVPAC	
	<b>PLEASE CHARGE MY:</b> CIRCLE BELOW	
	VISA	AMERICAN EXPRESS
	MASTERCARD	DISCOVER

CHECK	PAYMENT OPTIONS	\$ AMOUNT
	FULL PAYMENT	
	2 SEMI-ANNUAL PAYMENTS <small>(FOR GIFTS \$250 OR MORE)</small>	
	4 QUARTERLY PAYMENTS <small>(FOR GIFTS \$500 OR MORE)</small>	
	MONTHLY PAYMENTS*	

CARD #			
EXPIRATION DATE		3- OR 4- DIGIT VERIFICATION #	

CARDHOLDER NAME
SIGNATURE
We recognize Members by listing them online and on the donor wall. PLEASE LIST MY/OUR NAMES AS:
<input type="checkbox"/> I prefer to remain anonymous

\*Please charge my card monthly until I tell you otherwise