**Donor Levels and Benefits**

|  |  |
| --- | --- |
| **$50** | Invitations to opening night receptions |
| **$100** | Invitations to opening night receptionsOne Owen/Cox Dance Group CD |
| **$250** | Invitations to opening night receptionsOne Owen/Cox Dance Group CDInvitations to select open rehearsals |
| **$500** | Invitations to opening night receptionsOne Owen/Cox Dance Group CDInvitations to select open rehearsalsOne bottle of wine selected by Master Sommelier and Master of Wine Doug Frost delivered to your home each month (limited to those living in the Kansas City Metropolitan area) |
| **$1,000** | Invitations to opening night receptionsOne Owen/Cox Dance Group CDInvitations to select open rehearsalsTwo bottles of wine selected by Master Sommelier and Master of Wine Doug Frost delivered to your home each month (limited to those living in the Kansas City Metropolitan area) |

Name (as you would like printed in program):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_

Gift Amount:\_\_\_\_\_\_\_\_\_\_\_\_\_

⬜ I would like to increase the value of my contribution by waiving my membership benefits.

⬜ My company has a matching gift program.

Company name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Checks may be made out to Owen/Cox Dance Group and mailed to:
3925 Main Street, Suite B
Kansas City, MO 64111