



OPENING NIGHT ARTS GROUP*

A Charitable Organization

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www.OpeningNightArtsGroup.org

DONOR INFORMATION

(Please print clearly)

Name of donor(s) : _____

Address: _____

Phone: _____

Email : _____

Donor Levels

Please circle the level at which you wish to be a donor for Opening Night Arts Group.

Top Hat \$250 or more

Spotlight \$100-\$249

Encore \$50-\$99

Overture \$1-\$49

Amount of donation _____

If you would like to donate goods or services or would like to sponsor something specific, please describe your desired donation and we will be happy to contact you for more details.

Thank you for your generosity!

Would you like to receive our e-mail newsletters and updates? Yes _____ No _____

*Tax exempt status pending.

SIGNED _____ DATE _____

Office use only

Sponsorship Paid _____ Receipt Number: _____