

The Metropolitan Opera

Peter Gelb General Manager

Yannick Nézet-Séguin Jeanette Lerman-Neubauer Music Director

GALA PREMIERE

DON GIOVANNI

Monday, March 1, 2021

6 PM Performance **POST PERFORMANCE** Cast Dinner

BLACK TIE

NAME

ADDRESS

CITY / STATE / ZIP

PHONE

EMAIL

GUEST NAME(S)

Performance seating preference (if applicable):

Orchestra Grand Tier Either location

PERFORMANCE ONLY

COMMITTEE MEMBER

_____ Ticket(s) at \$1,000* (\$650 TAX-DEDUCTIBLE CONTRIBUTION)

Tickets at the Committee Member level do not include the cast dinner.

I cannot attend but wish to make a contribution in the amount of
\$_____.

To purchase tickets, please complete this form and email to specialevents@metopera.org, mail to Special Events, The Metropolitan Opera, 30 Lincoln Center, New York, NY 10023, or fax to 212.870.7442.

TABLES

PRINCIPAL BENEFACTOR

_____ Table for 8 at \$50,000
with seating in a Center Parterre Box
(\$43,760 TAX-DEDUCTIBLE CONTRIBUTION)
SUBJECT TO AVAILABILITY

_____ Table for 10 at \$50,000
(\$43,500 TAX-DEDUCTIBLE CONTRIBUTION)

PRIME BENEFACTOR

_____ Table for 10 at \$35,000
(\$28,500 TAX-DEDUCTIBLE CONTRIBUTION)

BENEFACTOR

_____ Table for 10 at \$20,000
(\$13,500 TAX-DEDUCTIBLE CONTRIBUTION)

SINGLE TICKETS

PRINCIPAL SPONSOR

_____ Ticket(s) at \$6,250
with seating in a Center Parterre Box
(\$5,470 TAX-DEDUCTIBLE CONTRIBUTION)
SUBJECT TO AVAILABILITY

_____ Ticket(s) at \$5,000
(\$4,350 TAX-DEDUCTIBLE CONTRIBUTION)

PRIME SPONSOR

_____ Ticket(s) at \$3,500
(\$2,850 TAX-DEDUCTIBLE CONTRIBUTION)

SPONSOR

_____ Ticket(s) at \$2,000
(\$1,350 TAX-DEDUCTIBLE CONTRIBUTION)

*All levels above include tickets to
the cast dinner*

SPONSOR dinner only

_____ Ticket(s) at \$1,650
(\$1,350 TAX-DEDUCTIBLE CONTRIBUTION)

*This option is for those who already
have a performance ticket.*

See reverse for payment information

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All gala supporters are offered printed recognition as members of the Gala Committee. Please indicate your preferred listing below:

If you have not provided a listing above, your current Patron or previous gala listing will be used.

My company participates in a matching gift program and would like to match my contribution.

Please charge my credit card:

American Express Discover Mastercard Visa

NAME (AS IT APPEARS ON CARD)

CARD NUMBER

EXP. DATE

SIGNATURE

A check is enclosed in the amount

of \$_____.

Please make your check payable to
The Metropolitan Opera and mail it in the
enclosed envelope to:

**Special Events, The Metropolitan Opera,
30 Lincoln Center, New York, NY 10023**

Seating priority is assigned based on level purchased and previous donation history. Gala tickets are not refundable and cannot be exchanged. Casting is subject to change. Tickets will be mailed in February.

For additional information, please contact the Special Events Office: specialevents@metopera.org tel 212.870.7492 fax 212.870.7442