I/we would like to support Berkeley Rep by making a gift/pledge of $__________ to the 2020–21 Annual Fund in support of the Resilience Campaign.

FRIENDS OF BERKELEY REP GIVING LEVELS:
- **PATRON** (up to $74)
- **FRIEND** ($75+)
- **CONTRIBUTOR** ($150+)
- **SUPPORTER** ($300+)
- **ADVOCATE** ($600+)
- **CHAMPION** ($1,200+)
- **BENEFACTOR** ($2,500+)
- **PARTNER** ($5,000+)

O I/we would like to be recognized in donor listings as: ____________________________
O I/we would like this gift to remain **anonymous**.

NAME(S)       EMAIL

ADDRESS       APT

CITY / STATE / ZIP

PHONE          FAX

O Please send me information on joining the Michael Leibert Society and how to include Berkeley Rep in my estate plans.

**DOES YOUR COMPANY HAVE A MATCHING GIFT PROGRAM?**
Double or even triple your gift and receive the benefits for the entire amount you made possible. Request a matching gift form from your human resources department, complete, and send with your gift.
O My gift is being matched by my employer: ____________________________

I/we intend to make payments of this gift in the following manner:
O Check (payable to Berkeley Repertory Theatre)
O I plan to recommend a grant from a donor-advised fund or foundation.
O Credit Card:  O American Express  O MasterCard  O Visa

Date of payment(s): ____________________________

*All contributions must be received by August 31, 2021 for 2020–21 fiscal year gifts.*

CARD NUMBER     EXP DATE  BILLING ZIP

SIGNATURE       DATE

**PLEASE RETURN THE COMPLETED FORM TO:**
Annual Fund
Berkeley Repertory Theatre
999 Harrison Street
Berkeley CA 94710
or by fax at: 510 647-2910

**QUESTIONS?**
Phone: 510 647–2906
Email: give@berkeleyrep.org
Online: berkeleyrep.org/give