



418 Sheridan Road, Highland Park, Illinois 60035 • (847) 266-5000 • (847) 433-7983 Fax • www.ravinia.org

### 2010 Evening Stars Membership GIFT MEMBERSHIP APPLICATION

This form is intended for manual completion. Please print and submit the form via fax or mail to: Ravinia Festival, 418 Sheridan Road, Highland Park, Illinois 60035. Fax: (847) 433-7983.

#### MEMBERSHIP TYPE (please check one):

- Starlight** (\$75 per season)
- Moonlight** (\$150 per season)
- Other:** \$ \_\_\_\_\_

#### YOUR INFO

\_\_\_\_\_  
Name (Mr. / Mrs. / Ms. / Dr.)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City / State / Zip

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Evening Phone / E-mail Address

\_\_\_\_\_/\_\_\_\_\_  
**Signature** **Date**

Paid herewith \$\_\_\_\_\_.  
Please make all checks payable to:

**Ravinia Festival Association**

418 Sheridan Road  
Highland Park, IL 60035

Please charge my credit card

CC# \_\_\_\_\_ Exp: \_\_\_\_/\_\_\_\_

- Discover  American Express
- Visa  MasterCard

#### GIFT RECIPIENT

\_\_\_\_\_  
Name (Mr. / Mrs. / Ms. / Dr.)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City / State / Zip

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
E-mail Address

**Member Materials** (\*Gift Membership acknowledgment):

- Please send to me (donor)
- Please send to Gift Recipient

*\*Formal receipt will be sent to you for tax purposes.*