

YES! I would like to support FOR-SITE's presentation of LANDS END.

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|---|----|----|----|-----|---|----|-----|---|
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\$50,000 Entrepreneur (\$48,400 is tax-deductible)

- * Private Curator Tour and Chef's Supper for 8
- * 4 V-VIP tickets to Vernissage
- * Recognition in exhibition signage, brochure, & web
- * Opportunities for artist multiples

___\$10,000 Champion (\$9,400 is tax-deductible)

- * Private Curator Tour and Cocktails for 8
- * 2 VIP tickets to Vernissage
- * Recognition on website
- * Opportunities for an artist multiple

___\$25,000 Ally (\$23,600 is tax-deductible)

- * Private Curator Tour and Chef's Supper for 8
- * 2 V-VIP tickets to Vernissage
- * Recognition in exhibition signage, brochure, & web
- * Opportunities for artist multiples

__\$5,000 Activist (\$4,775 is tax-deductible)

- * Private Curator Tour for 8
- * 2 VIP tickets to Vernissage
- * Recognition on website
- * FOR-SITE commemorative gift

Event Tickets

| \$1,000 V-VIP Vernissage Ticket* (\$400 is tax- \$500 VIP Vernissage Ticket(s)* (\$400 is tax-d | | | h | | | | | |
|--|--------|-----------|---|--|--|--|--|--|
| \$150 Vernissage Ticket(s)* (\$100 is tax-deductible) - Includes exhibition preview & bites | | | | | | | | |
| Other: Please accept my contribution of \$ (fully tax-deductible) | | | | | | | | |
| /We would like my/our contribution to be fully tax-deductible and decline associated benefits. | | | | | | | | |
| Contact Information | | | | | | | | |
| Name(s) as you would like to appear for recognition purposes: | | | | | | | | |
| Address: | | | | | | | | |
| City: | State: | Zip Code: | | | | | | |
| Email: | | Phone: | | | | | | |

*IMPORTANT: If you are attending the Opening Event, please email a copy of your vaccination card or proof of a negative COVID-19 test taken within 48 hours to info@for-site.org no later than November 5, 2021. You will also need to present your ID at event check-in.

Payment Information

| My check, payable to FOR-SITE Foundation, is enclosedCheck to be sent from foundation or donor-advised fund Credit card. Please charge my Visa MasterCard | AMEX Card | | | | | | |
|---|-----------------------|----------------|--|--|--|--|--|
| Card Number: | Exp. Date: | Security Code: | | | | | |
| Zip Code:Signature: | | | | | | | |
| Stock or electronic funds transfer. Call 415.362.9330 for further information. | | | | | | | |
| Send me a pledge reminder. I intend to make a gift in | [month] of 2021. | | | | | | |
| My company offers a match for charitable contributions. Pleas | se follow up with me. | | | | | | |

Donations in any amount are deeply appreciated and will directly benefit this provocative exhibition. Kindly return this form to the address below. For questions, contact 415.362.9330 or miegan@for-site.org



