

MEASURE FOR MEASURE

Benefit Order Form

Monday, September 26, 2017

The Public Theater - 425 Lafayette St. - New York, NY 10003

7 PM - **Performance**
LuEsther Hall,
Public Theater

10 PM - **Party**
Location to be
released

STEP 1: PERSONAL INFORMATION

Name(s) (as it should
appear on donor list):

E-mail address:

Street Address:

City/State/Zip:

Telephone:

Guest(s) Name:

STEP 2: SELECT TICKET TYPE (INDICATE QUANTITY)

TICKET TYPE:

**PREMIUM
ORCHESTRA
\$1,000**

QTY:

TICKET TYPE:

**PRIME ORCHESTRA
\$500**

QTY:

TICKET TYPE:

**ORCHESTRA
\$250**

QTY:

STEP 3: TOTAL AMOUNT DUE

TOTAL: \$

STEP 4: PAYMENT INFO

NAME ON CARD:

CARD NO:

BILLING ZIP:

CVC
CODE:

EXP.
DATE:

Please return this form to the email or fax number below

E: benefit@elevator.org F: 212-254-3741 Questions? Contact Marilyn Haines at 212-254-3137