

# MEASURE FOR MEASURE

## Benefit Order Form

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](mailto:benefit@elevator.org) F: 212-254-3741 Questions? Contact Marilyn Haines at 212-254-3137