



**SOHO REP GALA**  
**Monday, April 21, 2025**  
**Edison Ballroom**

I am/we are pleased to attend Soho Rep's Gala honoring Soho Rep's Board Chair Victoria Meakin

**TABLES**

**\_\_\_\$20,000 Fireworks Table**

- Cocktails and VIP dinner seating for 12
- Verbal acknowledgement from the stage during event
- One Soho Rep Season Pass for each guest at your table
- Name/logo included with lead recognition onsite throughout event, on event-specific press releases, on Soho Rep's website, and in the event program

**\_\_\_\$10,000 Disco Ball Table**

- Cocktails and priority dinner seating for 10
- One pair of tickets to a Soho Rep production for each guest at your table
- Name/logo included on event-specific press releases, on Soho Rep's website, and in the event program

**\_\_\_\$5,000 Noisemaker Table**

- Cocktails and dinner seating for 10
- Name/logo included on Soho Rep's website and in the event program

**TICKETS**

**\_\_\_\$2,000 Firecracker ticket(s)**

- Cocktails and VIP dinner seating for 1
- Name included on Soho Rep's website, in the event program and invitation

**\_\_\_\$1,000 Balloon ticket(s)**

- Cocktails and priority dinner seating for 1
- Name included on Soho Rep's website, and in the event program

**\_\_\_\$500 Party Hat ticket(s)**

- Cocktails and dinner seating for 1
- Listing in event program

**DONATIONS**

\_\_\_ I am/we are unable to attend. Please accept my fully tax-deductible contribution of \$\_\_\_\_\_.

\_\_\_ I would like to double the impact of my gift! Enclosed, please find my company's matching gift form.

***Please complete payment and contact information on the reverse side.***

**CONTACT INFORMATION**

\_\_\_\_\_  
Name (as you would like it to appear on printed materials)

\_\_\_\_\_  
Contact Name (if different than above)

\_\_\_\_\_  
Company (if applicable)

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

**PAYMENT INFORMATION**

\_\_\_ Please charge my credit card for \$\_\_\_\_\_.

\_\_\_ Enclosed is my check payable for \$\_\_\_\_\_.

*Please make checks payable to Soho Repertory Theatre.*

**BILLING INFORMATION**

\_\_\_\_\_  
Credit Card #

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Security Code

\_\_\_\_\_  
Name (as it appears on card)

\_\_\_\_\_  
Signature

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Address

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Zip

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Phone

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Email

Soho Rep. is a 501(c)(3) non-profit organization. Your ticket and table purchase, less \$215 per seat, is tax-deductible according to law. Tax ID #13-2885288.

For more information, please contact Director of Soho Rep Cynthia Flowers at (212) 941-8632 ext. 201 or devo@sohorep.org

**Please return this form with your payment to the Soho Rep offices at 401 Broadway, Suite 300, New York, NY 10013. You may also email this reservation form to devo@sohorep.org and mail your check separately.**