

Viva Verdi! Aida YES! I want to support Hawaii Opera Theatre's production of Verdi's *Aida*.

Enclosed is my gift of:

\$500 \$1,000 \$2,500 \$5,000 \$10,000 \$ _____

I would like benefits, where applicable, for: 2 people 1 person

I wish to remain anonymous. Please do not publish my name.

Please list my name (as is below) in published donor acknowledgements.

Name _____

Email: _____ Phone _____

Address _____

City _____ State _____ ZIP _____

Payment: Check enclosed payable to **Hawaii Opera Theatre**

Visa MasterCard Discover American Express

Name on Card _____ Exp. Date _____

Card No. _____ 3 digit code _____

Signature _____

I want to gift Viva Verdi! membership to:

(Name): _____

Address _____

City _____ State _____ ZIP _____

In honor / recognition of (Optional): _____

Please inform the recipient of the gift I have made in their name. I wish to remain anonymous.

Fax this form to 808-596-0379 or mail with your donation to:

Hawaii Opera Theatre
ATTN: Development Department
HAWAII OPERA PLAZA
848 S. Beretania Street, Suite 301
Honolulu, HI 96813