



130 W 56TH ST  
NEW YORK, NY 10019  
NYCITYCENTER.ORG

**ANNUAL GALA  
IN THE HEIGHTS**

**WEDNESDAY, OCTOBER 28, 2026**

*6:00pm performance, followed by dinner and dancing at the Ziegfeld Ballroom*

- \_\_\_\_\_ **Pinnacle Table at \$150,000** (\$145,100 is tax-deductible)
  - Ten Premium Center Orchestra or Grand Tier performance tickets
  - One Premium table at the Gala dinner at the Ziegfeld Ballroom
- \_\_\_\_\_ **Marquee Table at \$100,000** (\$95,100 is tax-deductible)
  - Ten Prime Center Orchestra or Grand Tier performance tickets
  - One Prime table at the Gala dinner at the Ziegfeld Ballroom
- \_\_\_\_\_ **Luminary Table at \$50,000** (\$45,100 is tax-deductible)
  - Ten Priority Center Orchestra or Grand Tier performance tickets
  - One Priority table at the Gala dinner at the Ziegfeld Ballroom
- \_\_\_\_\_ **Spotlight Table at \$25,000** (\$20,100 is tax-deductible)
  - Ten Center Orchestra or Grand Tier performance tickets
  - One table at the Gala dinner at the Ziegfeld Ballroom
- \_\_\_\_\_ **Golden Benefactor Ticket at \$10,000** (\$9,510 is tax-deductible)
  - One Prime Center Orchestra or Grand Tier performance ticket
  - One Prime seat at the Gala dinner at the Ziegfeld Ballroom
- \_\_\_\_\_ **Silver Benefactor Ticket at \$5,000** (\$4,510 is tax-deductible)
  - One Priority Center Orchestra or Grand Tier performance ticket
  - One Priority seat at the Gala dinner at the Ziegfeld Ballroom
- \_\_\_\_\_ **Benefactor Ticket at \$2,500** (\$2,010 is tax-deductible)
  - One Center Orchestra or Grand Tier performance ticket
  - One seat at the Gala dinner at the Ziegfeld Ballroom

**I/We cannot attend but wish to make a tax-deductible contribution of \$ \_\_\_\_\_**

Name *(as you wish to be listed)* \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime telephone \_\_\_\_\_ Email \_\_\_\_\_

Check is enclosed in the amount of \$ \_\_\_\_\_ *Payable to New York City Center*

I/We wish to pay by Credit Card: \_\_\_\_\_ AMEX \_\_\_\_\_ MC \_\_\_\_\_ VISA

Card number \_\_\_\_\_ Exp. date \_\_\_\_\_ CVC \_\_\_\_\_

Signature \_\_\_\_\_

*Please note, all tables and tickets are subject to availability.*

**Please return form to:**

New York City Center Special Events | 130 W 56 Street · New York, NY 10019  
212.763.1205 · SpecialEvents@NYCityCenter.org · www.NYCityCenter.org