

DACAMERA

2026 **gala** music salons & jazz supper club  
May 2, 2026

CHAIRS  
Anne-Laure and Steve Stephens  
HONORING  
Elaine Finger

Name \_\_\_\_\_

Name for Event Listing \_\_\_\_\_

(As you would like it to appear in printed materials. Gifts of \$1,500 or more will be listed in print.)

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**TABLES OF TEN**

- \$25,000 | Diamond Table     \$15,000 | Emerald Table     \$10,000 | Platinum Table  
 \$7,500 | Gold Table     \$5,000 | Silver Table

**INDIVIDUAL TICKETS**

- \_\_\_ \$1,000 | VIP Ticket(s)    \_\_\_ \$750 | Patron Ticket(s)    \_\_\_ \$600 | Individual Ticket(s)

VIP and Patron level tickets receive premiere seating.

*In accordance with IRS rules and regulations, fair market value (FMV) is \$200 per guest.*

**GIVING**

- In lieu of attending, please accept my gift of \$ \_\_\_\_\_.  
 I would like to sponsor \_\_\_\_\_ DACAMERA Young Artist(s) to attend for \$300 each.

Total given: \$ \_\_\_\_\_.

**TABLE BENEFITS**

**Silver | \$5,000:** Table for ten, with listing in print on invitation, event program, and online.

**Gold | \$7,500:** Above, with recognition onsite.

**Platinum | \$10,000:** Above benefits, premium table placement

**Emerald | \$15,000:** Above benefits, with premiere table placement, and invitations to a DACAMERA performance and reception for your guests.

**Diamond | \$25,000:** Above benefits, with prominent table placement.

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**PAYMENT INFORMATION**

**My total giving for the 2026 DACAMERA Gala: Music Salons & Jazz Supper Club is**

\$ \_\_\_\_\_.

- Enclosed is a check made payable to **DACAMERA**.
- I wish to pledge my contribution of \$ \_\_\_\_\_. *Pledges are payable by June 12, 2026.*
- I intend to pay (entirely or partially) through a donor advised fund or private family foundation.  
*Does not apply to FMV. The FMV must be paid via separate funds.*
- Please charge \$ \_\_\_\_\_ to my:
  - Visa**    **MasterCard**    **American Express**    **Discover**

**Card Number** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_ **CVC** \_\_\_\_\_

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

**Signature** \_\_\_\_\_ **Security Code** \_\_\_\_\_

**Billing Address** \_\_\_\_\_

- This gift is in honor/memory of:

**Please return completed form to:**

Suzanne Sippel, Director of Individual Giving  
DACAMERA | 1402 Sul Ross | Houston, Texas 77006  
E [ssippel@dacamera.com](mailto:ssippel@dacamera.com) | P 713-524-7601 ext. 14

*The Four Seasons Hotel Houston is offering a special online rate for DACAMERA guests with promo code **260502DAC**.*