

“ROCK STAR” BENEFACTORS / \$1000 DONATION

- Individual Recognition Plaque installed near the wall - limit (10)
- Original Keepsake Capstone (circa 1909) from the roof of the Roycroft Power House
- “Thank You” Recognition in the Advertiser
- (4) tickets to the Roycroft Rocks Gala upon wall completion
- Sponsor Membership (\$250 value) in the Roycroft Campus Corporation*
- Private Roycroft Campus Tour for (10)
- Set of (4) “On the Rocks” Tumblers

“ROCK SOLID” PATRONS / \$500 DONATION

- Commemorative Recognition Plaque displayed on the Roycroft Campus
- Original Keepsake Tile or Brick (circa 1909) from the Roycroft Power House
- “Thank You” Recognition in the Advertiser
- (2) tickets to the Roycroft Rocks Gala upon wall completion
- Contributor Membership (\$150 value) in the Roycroft Campus Corporation*
- Set of (4) “On the Rocks” Tumblers

“ROCK & ROLL” CONTRIBUTORS / \$100 DONATION

- Original Keepsake Brick (circa 1909) from the Power House
- “Thank You” Recognition in the Advertiser
- (2) tickets to the Roycroft Rocks Gala upon wall completion
- Family Membership (\$65 value) in the Roycroft Campus Corporation*

“ROCK THE TOWN” DONORS / \$50 DONATION

- “Thank You” Recognition in the Advertiser
- (1) ticket to the Roycroft Rocks Gala upon wall completion
- Individual Membership (\$40 value) in the Roycroft Campus Corporation*

**Membership benefits can be found at www.roycroftcampuscorporation.com*

PLEASE RESPOND BY DECEMBER 20, 2011

*by mailing in the form below, stopping at the Copper Shop (hours are from 10am to 5pm, Sun.- Sat.)
located on the Roycroft Campus, or by PayPal via www.roycroftcampuscorporation.com.*

Yes! I would like to support the reconstruction of the Stone Wall by selecting the following level:

___ \$1,000 Rock Star ___ \$500 Rock Solid ___ \$100 Rock & Roll ___ \$ 50 Rock the Joint \$_____ Donation

Name (please print) _____

Address _____ City/State _____ Zip _____

Phone # _____ E-Mail _____

Enclosed is my check in the amount of \$ _____ (please make check payable to: RCC)

Credit Card Type & Number _____ Exp Date: _____

Signature _____

PLEASE SEND RESPONSES TO: Christine Peters, Executive Director, Roycroft Campus Corporation,
31 South Grove Street, East Aurora, NY 14052