

ADRIAN COMMUNITY THEATER

CORPORATE SPONSORSHIP FORM

Name of Business Organization

Authorized Signature

Corporate Sponsorship for _____
(show title)

- | | | |
|--------------------------|----------|-------------------|
| <input type="checkbox"/> | Diamond | \$5,000 and above |
| <input type="checkbox"/> | Platinum | \$2,500 |
| <input type="checkbox"/> | Gold | \$1,000 |
| <input type="checkbox"/> | Silver | \$500 |
| <input type="checkbox"/> | Bronze | \$300 |

Contact Information:

Name: _____

Title: _____

Organization: _____

Address: _____

City, State, Zip: _____

Work Phone: _____ Fax #: _____

E-mail: _____ Website: _____

RECEIPT

Thank you for supporting your local community theater. ACT or Adrian Community Theater appreciates our corporate sponsors who enable ACT to continue bringing quality, affordable family entertainment to Bates and Cass counties.

The benefits to our program advertisers:

- * Front entry recognition display (if applicable)
- * Full Page Display in Program (if applicable)
- * Recognition on ACT website and Facebook

www.actadrian.com

YOUR RECEIPT:

Corporate Sponsorship for _____
(show title)

- | | | |
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| <input type="checkbox"/> | Silver | \$500 |
| <input type="checkbox"/> | Bronze | \$300 |

Adrian Community Theater

P O Box 393

Adrian, MO 64720

Phone (913) 912-3228

Tax Exempt 501C3 Corporation

Tax ID #46-2214151