



# 2018-2019 Sponsor Agreement

Thank you for your generous support. Please complete the form, sign and return by 08/31/18.

Sponsor Name: \_\_\_\_\_

Address: \_\_\_\_\_

(E-mail address) \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

## LEVEL OF SUPPORT (check box):

### I. **Corporate Benefactor \$ 1,000 + Sponsor a production for Theatre in the Mist, Inc.!**

Your sponsorship will defray the cost of an entire production. You will be recognized through prominent placement in the \*Permanent Season Book,\* Performance Program Cover, all performance promotions, press releases, and more! **You become a true partner in the arts, cultivating talent from the Niagara Region!** Contact us for more information.

### II. **Sponsor Permanent Season Program Book: Your Information & Logo**

Full Page (Prominent placement in the permanent season program book & 4 Season Passes) \$ 600

Full Page (Ad in permanent season program book & 2 Season Passes) \$ 300

### III. **Patron Permanent Season Program Book: Your name & Logo**

Half Page (4" x 5") \$ 150  Quarter Page (2"x 5" or 4"x 2 1/2") \$ 75

Theatre in the Mist, Inc. reserves the right to limit type of content based upon TITM non-profit status – ask for more information

\*Prominent placement upon first reserved status:

Cover reserved for Theatre in the Mist, Inc. and Corporate Benefactor(s), Inside Covers and Leading Page 1, Centerfold Pages as available

## Please check off your message:

- Theatre in the Mist ~ Congratulations on Your 19<sup>th</sup> Anniversary!
- Break A Leg!
- Proud Sponsor of Theatre in the Mist
- Congratulations to Theatre in the Mist on their 2018 – 2019 Season
- The Spotlight is on the Theatre in the Mist Season 2018 – 2019
- Other \_\_\_\_\_

**Please provide copy-ready logo/artwork and information you wish to include in your sponsor acknowledgement.** Attach materials to this form or e-mail \*.doc \*.xls \*.jpg or \*.tif

formatted materials to ryan@theatreinthemist.org. The Season Program Book and Performance Programs are printed in black ink. Please include contact information, including telephone and email information.

PAYMENT METHOD: \_\_\_\_\_ CHECK \_\_\_\_\_ Credit Card\* \_\_\_\_\_ CASH (do not mail cash)

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Sponsor

\*Credit cards payments can be made through our website

Please contact Ryan Scarfone at 716-579-3200 or ryan@theatreinthemist.org for additional information.

**Please return Sponsor Form by August 31, 2018, with check payable to:  
Theatre in the Mist, Inc. ~ P.O. Box 153 ~ Lewiston, N.Y. 14092**