



2016-2017 Corporate Sponsor

Thank you for your generous support. Please complete the agreement, sign and return by **August 25, 2016**.

Sponsor Name: _____

Address: _____

(e-mail address) _____

Contact Person: _____ Phone: _____

LEVEL OF SUPPORT (check box):

I. **Platinum** \$ 5,000 +

Your sponsorship will defray the cost of an entire production. You will be recognized through prominent placement in the *Permanent Season Book (2 Full Page Ads),* Performance Program Cover, *Performance Show Program (1 Full Page), and all performance promotions, press releases, and more!

II. **Gold** \$3,000 +

You will be recognized through prominent placement in the *Permanent Season Book (1 Full Page Ads),* Performance Program Cover, *Performance Show Program (1 Full Page), and all performance promotions, press releases, and more!

III. **Silver** \$2,000+

You will be recognized through prominent placement in the *Permanent Season Book (1 Full Page Ads),* Performance Program Cover, *Performance Show Program (1/2 Page), and all performance promotions, press releases, and more!

IV. **Bronze** \$1,000 +

You will be recognized through prominent placement in the *Permanent Season Book (1 Full Page Ads),* Performance Program Cover, and all performance promotions, press releases, and more!

Full Page Ad: 5x8 & Half Page Ads: 5x4

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:

Break A Leg!

Proud Sponsor of Theatre in the Mist

Congratulations to Theatre in the Mist on their 2016 – 2017 Season!

The Spotlight is on the Theatre in the Mist Season 2016 – 2017

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 info@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 _____ CASH (please do not mail cash)

Authorized by: _____ Date: _____

Signature of Sponsor

Please contact Barbara Swagler 716-870-0019 or bswagler@theatreinthemist.org for additional information.

Please return Sponsor Agreement by September 1, 2016 with check payable to:

Theatre in the Mist, Inc. ~ P.O. Box 153 ~ Lewiston, N.Y. 14092

Theatre in the Mist, Inc. is designated as a 501(c)(3) non-profit organization by the Internal Revenue Service and a Member of the American Association of Community Theater.