



2016-2017 Corporate/Business Sponsor

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

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 & 3 Season Passes) \$ 600

Full Page (Patron Ad in season program book & 2 Season Passes) \$ 400

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 16th Anniversary!

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 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 thru our website

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

Please return Sponsor Form by September 1, 2016, with check payable to: Theatre in the Mist, Inc. ~ P.O. Box 153 ~ Lewiston, N.Y. 14092