HIGH SCHOOL Musical Theatre AWARDS

Sponsorship Contract

Donor Name and/or Company Name (as it should appear in Donor listings):

_____

_____

____ I am an anonymous donor

____ I decline all benefits and take the full tax-deductible amount of the contribution.

Contact Name (Ms./Mr./Mrs./Dr./Other):_____

Address (Line 1): _____

Address (Line 2): _____

City: _____ State: _____ Zip: _____

Phone: ( ) _____ Circle One: Office Cell Home

Email: _____

In honor _____ **In Memory** _____ **of**:_____

My company has a matching gifts program (Company Name)_____

PREMIUM SPONSORSHIPS:

____ WALK OF FAME STAR PRESENTING SPONSOR: $100,000

____ GOLD STAR SPONSOR: $25,000

____ PLATINUM TITLE SPONSOR: $50,000

SPONSORSHIPS:

____ SILVER STAR SPONSOR: $10,000

____ VIP RECEPTION SPONSOR: $7,500

____ RADIANT SPONSOR $5,000

____ SUPER STAR SPONSOR: $2,500

____ SHIMMERING STAR SPONSOR: $1,000

____ SHOOTING STAR SPONSOR: $500

____ RISING STAR SPONSOR: $250

____ IN-KIND SPONSOR: *Donated Goods/Services:* _____ Estimated Value: $_____

____ Enclosed is my check made payable to Dallas Summer Musicals in the amount of **$**_____

____ I/We are unable to attend, please accept my donation in the amount of:

$25 _____ $50 _____ $100 _____ $250 _____ $500 _____ Other Amount _____

Please charge my: Visa Mastercard American Express Discover

Card Number: _____ _____ _____ _____

Exp. Date: _____ / _____ / 201__

Name as it appears on Card: _____

Signature: _____

Billing address for payment card if different than above:

Address: _____

City: _____ State: _____ Zip:_____

I/We would like to make payment in full ____ I/We would like to make monthly installments____

Please process in _____ monthly installments beginning _____ / _____ / 201__

Please return to: Dallas Summer Musicals/HSMTA
ATTN: Development
P.O. Box 710336, Dallas, TX 75371-0336

OR, fax to 214.428.4526