

BROADWAY DALLAS GALA 27

SPONSORSHIP FORM

SATURDAY, FEBRUARY 6, 2027 • 5 P.M.

MUSIC HALL AT FAIR PARK

CHAIRS

JOHN QUATTROCCHI + JOSEPH DEMARTINO

EMPIRE STATE OF MIND (TABLE OF 10) \$20,000

(\$4,450 Is non-tax deductible, \$15,550 Is tax deductible per table)

PRE-GALA

- Cocktail Party + Charitable Shopping Days hosted by Ralph Lauren and Gala Chairs John Quattrocchi + Joseph DeMartino

GALA NIGHT

- Opening cocktail reception with chef-inspired hors d'oeuvres
- Three-course dinner with recipes from five-star celebrity chefs, including a James Beard Award winner
- Preferred table at the HELL'S KITCHEN Gala dinner
- Preferred front orchestra seating for HELL'S KITCHEN performance
- Admission to the After Party featuring master chef-inspired desserts + confections
- Valet parking

BRANDING + VISIBILITY

Season-long Gold Star name recognition:

- In the Broadway Dallas season program book
- On the Broadway Dallas website
- On digital lobby screens at the Music Hall at Fair Park
- Additional event invitations throughout the sponsorship

Gala materials recognition:

- Event invitation
- On-site signage on Gala night, including on screens in the Crystal Terrace dining room
- Post-event media and website

EMPIRE STATE OF MIND (SINGLE TICKET) \$2,000

(\$445 Is non-tax deductible, \$1,555 Is tax deductible per ticket)

PRE-GALA

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GALA NIGHT

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*Higher levels of table sponsorships and underwriting opportunities are available.
Please contact the Development Department at Gala@broadwaydallas.org for more information.*

I WOULD LIKE TO RESERVE:

- ☐ **EMPIRE STATE OF MIND TABLE(S) - \$20,000** | NUMBER OF TABLES: _____ x \$20,000 EACH = \$ _____ TOTAL
- ☐ **EMPIRE STATE OF MIND TICKET(S) - \$2,000** | NUMBER OF TICKETS: _____ x \$2,000 EACH = \$ _____ TOTAL

SPONSOR INFORMATION

Name _____

Donor Listing (to appear in publications) _____

Address _____ City _____ State _____ ZIP _____

Email _____ Phone (_____) _____

PERSONAL OR COMPANY CHECK (PAYABLE TO BROADWAY DALLAS):

- ☐ My personal or company check for payment in full will arrive by October 15, 2026.
- ☐ My personal or company check for 50% of the above total will arrive by October 15, 2026, and I will pay the balance by personal or company check by January 8, 2027.

CREDIT CARDS + DONOR ADVISED FUNDS

- ☐ Please charge my credit card for the non-tax-deductible portion on October 15, 2026. A check from my donor-advised fund, charitable fund, etc., to equal the full amount owed will arrive by January 8, 2027.
- ☐ Please charge my credit card for the non-tax-deductible portion on October 15, 2026. A check from my donor-advised fund, charitable fund, etc., to equal 50% of the amount owed will arrive by October 15, 2026. The remaining balance will be paid by a check from my donor-advised fund, charitable fund, etc., on January 8, 2027.

CREDIT CARDS

- ☐ Please charge my credit card for payment in full on October 15, 2026.
- ☐ Please charge my credit card for 50% on October 15, 2026, and 50% on January 8, 2027.

Charge to my: ☐ American Express ☐ MasterCard ☐ Visa ☐ Discover

Name on card _____ Billing Zip Code _____

Card number _____ Exp. Date _____ CVV _____

Signature _____ Date _____