



2016-2017 Sponsorship Agreement

- YES, please send me more information about the Black Box Chair Campaign.
- YES, I want to Join the Community in Supporting the Arts! Below is my sponsorship commitment at the sponsorship level(s) checked below:

Company Name (as it is to appear in print) _____

Contact Name _____

Email _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

Website _____

Sponsorship Commitment:

Please check your sponsorship level below AND the circle to the right that applies to your TOTAL SPONSORSHIP:

SPONSORSHIP LEVELS	<input type="checkbox"/> Benefactor Plus	<input type="radio"/> \$ 4,000	<div style="background-color: #FFD700; padding: 5px; text-align: center;"> Take Two! <i>Sponsor Pricing</i> </div> <div style="font-size: small;"> AD & LOGO DEADLINES: Holiday Spectacular due December 4, 2016; All-School Musical due March 3, 2017. Submit hi-res, CMYK PDF. AD SIZES: full page: 5w x 8h, half page: 5w x 4h, quarter page: 2.5w x 4h. </div>			
	<input type="checkbox"/> Producer	<input type="radio"/> \$ 2,000			<i>Solo HOLIDAY Sponsor Pricing</i>	<i>Solo MUSICAL Sponsor Pricing</i>
	<input type="checkbox"/> Director	<input type="radio"/> \$ 1,500			<input type="radio"/> \$800	<input type="radio"/> \$1,550
	<input type="checkbox"/> Patron	<input type="radio"/> \$ 1,000			<input type="radio"/> \$500	<input type="radio"/> \$1,250
	<input type="checkbox"/> Friend	<input type="radio"/> \$ 500			<input type="radio"/> \$400	<input type="radio"/> \$750
		<input type="radio"/> \$ 500	-	<input type="radio"/> \$500		

Total Sponsorship Amount: \$ _____

Payment Information: (Please check one) Sponsorship Payments are DUE BY JUNE 30, 2017

- BILL ME** using the contact information above.
- CHECK ENCLOSED** in the amount of \$ _____
(Please make checks payable to: **Barbara Ingram School for the Arts Foundation**)
- CREDIT CARD** (circle one) Visa Mastercard American Express Discover
- Name on Card _____
- Credit Card # _____
- Exp. Date _____ Security Code _____
- Authorized Signature _____
- AUTO PAY BY CREDIT CARD:** I authorize the BISFA Foundation to charge \$ _____ to my credit card each month for _____ months (or until my membership fee is complete) using the credit card information and signature above.



Please make checks payable to: Barbara Ingram School for the Arts Foundation and mail to: BISFA Foundation, 38 South Potomac Street, Suite 305, Hagerstown, MD 21740. For more information, please call Mimi Dickinson at 240.347.4934 or email mimid@barbaraingramfoundation.org.