



Sponsorship Form

Hendricks County Arts Council's Gala for the Arts September 18, 2015 – 6:30PM

Thank You! By completing this form and submitting it to the Hendricks County Arts Council, you are securing your sponsorship of the HCAC Gala for the Arts!

Participating Company/Organization: _____
 Contact Person: _____ Title: _____
 Mailing address: _____
 Phone: _____ Fax: _____
 City: _____ Zip: _____
 E-mail address: _____

Please accept our support at the following level!

SPONSORSHIP LEVELS:

Carnavale King: \$10,000 ____ (Includes: 24 tickets to the event (two tables), name on front cover as Presenting Sponsor and on all related collateral materials, full page program ad –if committed by August 31 st)	Roulette Sponsor: \$1,000 ____ (Includes: 6 tickets to the event, logo on all related collateral materials, ½ page program ad – if committed by August 31 st)
Parade Sponsor: \$5,000 ____ (Includes: 12 tickets to the event, logo on all related collateral materials, full page program ad – if committed by August 31 st)	Wheel Sponsor: \$500 ____ (Includes: 4 tickets to the event, name listed in program and on related collateral materials, ¼ page program ad –if committed by August 31 st)
Roll the Dice Sponsor: \$2,500 ____ (Includes: 8 tickets to the event , logo on all related collateral materials and table sign, ½ page program ad –if committed by August 31 st)	Ace Sponsor: \$250 ____ (Includes: 2 tickets to the event, name listed in program)
Black Jack Sponsor: \$1,500 ____ (Includes: 6 tickets to the event, logo on all related collateral materials, ½ page program ad –if committed by August 31 st)	Individual Tickets: \$40- two for \$75 ____

Method of Payment:

Total Sponsorship: \$ _____ Check Enclosed (Payable to Hendricks County Arts Council)

Send Invoice to: _____

Charge Card: MasterCard VISA Other

Card Number: _____ Expiration Date: _____

Name on Card: _____

Signature: _____

We are unable to provide a sponsorship at this time. Enclosed is our contribution to the Hendricks County Arts Council in the amount of \$ _____

Authorized Signature

Please return this form with payment to the address below. Thank you!