

HOSTED BY OrangeCountySchoolotteeArts

2018 SPONSORSHIP AGREEMENT

SPONSORSHIP INFORMATION

Sponsor's name as it should appear in	publicity and prog	gram:		
Organization (if applicable):				
Contact person:				
Address:				
City/State/Zip:				
Phone:				
Website (URL):				
PLEASE CHOOSE YOUR SPON	NSORSHIP LEV	/EL		
\$15,000 Presenting Sponsor				
\$7,500 Producer				
\$5,000 Director				
\$2,500 Artist				
\$1,500 Patron				
Other Amount		-		
PAYMENT INFORMATION				
Check enclosed (Please make cl	hecks payable to A	Arts Schools Network)		
Please invoice me				
Credit/Debit card: OVisa O	MasterCard			
Account number:		Expir	ration:	
Card security code #	Signature:			
Billing address		City/State/Zip	0:	

Please submit completed sponsorship agreement by **September 7, 2018** to **mbrookes@artsschoolsnetwork.org**, or mail to:

Arts Schools Network ATTN: Melissa Brookes PO Box 62755, North Charleston, SC 29419

For more information regarding sponsorship opportunities, please contact:

Melissa Brookes, Managing Director, Arts Schools Network

mbrookes@artsschoolsnetwork.org | 773.315.1118

SPECIAL NOTE: We will recognize your sponsorship commitment in our promotional materials upon return of this agreement, and a member of our staff will reach out to obtain recognition materials.

THANK YOU FOR YOUR GENEROUS SUPPORT!

Arts Schools Network Tax ID Number 52-1382258