



AURORA THEATRE COMPANY

2017/2018 SEASON



SPONSORSHIP CONTRIBUTION FORM

Name/s: _____

YES! I/we would like to support Aurora Theatre Company's 2017/2018 Season with a gift of \$_____.

I/we will participate as Sponsors at the following level:

- Season Sponsor (\$50,000 and above)
- Associate Season Sponsor (\$25,000 - \$49,999)
- Premiere Sponsor (\$15,000 - \$24,999)
- Sponsor (\$10,000 - \$14,999)
- Associate Sponsor (\$6,000 - \$9,999)
- Flex Sponsorship (\$6,000 - \$50,000+)

Of the 2017/2018 production(s) of:

- | | |
|--|--|
| <input type="checkbox"/> <i>Luna Gale</i> | <input type="checkbox"/> <i>A Number</i> |
| <input type="checkbox"/> <i>The Royale</i> | <input type="checkbox"/> <i>Eureka Day</i> |
| <input type="checkbox"/> <i>Widowers' Houses</i> | <input type="checkbox"/> <i>Dry Powder</i> |

I/we would like to be acknowledged in print materials as follows:

Payment

- I/we would like to pay this amount in full.
 - Enclosed is my/our check made payable to "Aurora Theatre Company."
 - Please charge my/our: Visa MasterCard American Express
 - Credit Card Number: _____
 - Expiration Date: _____ Security Code: _____
- I/we would like to make a pledge of \$_____, to be paid in full by July 31, 2018. I/we will pay in installments as follows: _____.
- Contact me to discuss payment by stock transfer or other method.

Signature: _____ Date: _____.

Please contact Development Director Rachel Nissim at 510.843.4042 x303 with any questions.

Thank you for your support!