

Corporate Partnership Commitment Form

I would like to sponsor the Dayton Performing Arts Alliance AUTUMN and HOLIDAY Streams at the level indicated below:

- ADDITIONAL PARTNER \$250 - \$999
- CONTRIBUTING PARTNER \$1,000 to \$2,499
- SUPPORTING PARTNER \$2,500 to \$4,999
- ASSOCIATE PARTNER \$5,000 to \$9,999
- LEADERSHIP PARTNER \$10,000 - \$29,999
- PRESENTING PARTNER \$30,000
- OTHER \$

PARTNER INFORMATION

(as you would like it to appear in all materials)

NAME / COMPANY

CONTACT NAME

ADDRESS

CITY STATE ZIP CODE

PHONE NUMBER EMAIL ADDRESS

PAYMENT INFORMATION

SEND INVOICE in _____ (month) CHECK ENCLOSED for _____ PLEASE CHARGE MY CREDIT CARD _____

NAME ON CARD

CARD NUMBER EXPIRATION SECURITY/CVV

BILLING ADDRESS

CITY STATE ZIP CODE

PLEASE COMPLETE FORM AND RETURN TO THE DAYTON PERFORMING ARTS ALLIANCE

Amanda Spoon aspoon@daytonperformingarts.org