

"Grace" In Winter
AT THE PLAZA

EVIDENCE, A DANCE COMPANY
WINTER GALA 2009 SPONSORSHIP SHEET

___ **Chairman Table \ \$50,000 - EXCLUSIVE**

- Premier seating at the gala (12), one prominent full-page listing in program/journal, February 10, 2009 Joyce Theater opening night tickets (12).

___ **Gala Dinner Host \ \$30,000 – EXCLUSIVE**

- Premier seating at the gala (10), one full-page listing in program/journal, February 10, 2009 Joyce Theater opening night tickets (10).

___ **Benefactor Table (s) \ \$25,000**

- Premium seating at the gala (10), one full-page listing in program/journal, February 10, 2009 Joyce Theater opening night tickets (10).

___ **Gala Cocktail Reception Host \ \$23,000 – EXCLUSIVE**

- Preferred seating at the gala (10), one full-page listing in program/journal, February 10, 2009 Joyce Theater opening night tickets (10).

___ **Patron Table (s) \ \$20,000**

- Preferred seating at the gala (10), one full-page listing in program/journal, February 10, 2009 Joyce Theater opening night tickets (8).

___ **Gala Performance Sponsor \ \$17,000 – EXCLUSIVE**

- Priority seating at the gala (10), one full-page listing in program/journal, February 10, 2009 Joyce Theater opening night tickets (4).

___ **Sponsor Table (s) \ \$15,000**

- Priority seating at the gala (10), one full-page listing in program/journal, February 10, 2009 Joyce Theater opening night tickets (4).

___ **Gala Dessert Host \ \$12,000 – EXCLUSIVE**

- Seating at the gala (10), one half-page advertisement in the program/journal.

___ **Supporter Table (s) \ \$10,000**

- Seating at the gala (10), one half-page advertisement in program/journal.

Complete order form on back.

INDIVIDUAL TICKET PRICES

___ **Benefactor (s) \ \$2,500**

- Premium seating for 1, listing in program journal.

___ **Patron (s) \ \$2,000**

- Preferred seating for 1, listing in program journal.

___ **Sponsor (s) \ \$1,500**

- Priority seating for 1.

___ **Supporter (s) \ \$1,000**

- Seating for 1.

___ I/We cannot attend, but wish to contribute: \$ _____

Enclosed is my check for \$ _____. Please charge: \$ _____ VISA MC AMEX

Credit card #: _____ Exp. Date _____ 3 Digit Code _____
(MC and VISA only)

Name: _____ Signature: _____

Listing: _____
(please enter your name and/or company exactly as you wish it to appear)

NAME: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (_____) _____ EMAIL: _____

Please make your tax deductible contribution to Evidence, Inc.
The deadline for inclusion in the program journal is January 9, 2009.

You can fax or mail this form to:
Evidence, Inc.
80 Hanson Place, Suite 605
Brooklyn, NY 11217
718.230/4633/phone 718.230.4641/fax

Web/online form