

L I V E R M O R E
 — arts —
 B A N K H E A D & B O T H W E L L

“Brilliance at the Bankhead” Gala featuring The Indigo Girls
 Saturday, September 9, 2017 at the Bankhead Theater

SPONSORSHIP REPLY FORM

Presenting Sponsor \$25,000

ALL LEVELS RECEIVE STAR LEVEL BENEFITS PLUS...

- Full page Cover ad in event program
- 18 attendees in the Premium Seating section (Rows F & G)
- Meet and Greet opportunity and group photo opportunity for up to 6 guests
- Up to 9 VIP Parking Passes with valet service
- Private after party backstage with decadent desserts and port wine
- Private Tour of Bankhead Theater and 6 tickets to select *LVPAC Presents* performance for 2017-2018 season

Director \$5,000

- Quarter page ad in event program
- 6 attendees with premium seating
- Up to 3 VIP Parking Passes with valet service
- Private Tour of Bankhead Theater and 2 tickets to select *LVPAC Presents* performance for 2017-2018 season

Producer \$10,000

- Half page ad in event program
- 12 attendees in Row C and D Center section
- Up to 6 VIP Parking Passes with valet service
- Private Tour of Bankhead Theater and 4 tickets to select *LVPAC Presents* performance for 2017-2018 season

Star \$1,000

- Eighth page ad in event program
- 2 attendees with premium seating
- 1 VIP Parking Pass with valet service
- Private VIP Reception in upstairs lobby
- Access to VIP Room for intermission
- Exclusive Preview of Live and Silent Auction Items
- VIP Concierge Express Check Out
- Logo or Name in all publicity, social media and printed materials
- Logo or Name on event website

DEADLINE TO BE LISTED IN INVITATION: July 14, 2017 ARTWORK DEADLINE FOR PRINTED PROGRAM: August 18, 2017

YES! I/we will be a Sponsor of Livermore Valley Performing Arts Center’s Fall Gala for the amount of:

\$25,000 \$10,000 \$5,000 \$1,000 \$_____ other

Check one: Payment is enclosed. [Make checks payable to “LVPAC”] Payment will follow.
 Please charge payment to: VISA M/C American Express Discover

Card Number _____ Exp. Date _____ CVC _____ Billing Zip Code _____

Cardholder Name (please print clearly): _____

Sponsor Name (as you wish to be listed) _____ Contact Person _____

Address _____ City/State/Zip _____

Phone _____ Fax _____ E-mail _____

Thank you! Your contribution is tax-deductible to the fullest extent of the law. LVPAC’s tax ID# is 68-0419182.

Please make checks payable to **LVPAC** and mail with this form to: LVPAC, c/o Development, 2400 First Street Livermore CA 94550
 OR email a scanned copy to development@lvpac.org OR fax your sponsorship form to: (925) 373-6097.

