



Office Use Only			
CR:	_____	MR:	_____
DB:	_____	SS:	_____

A Midwinter Night's Dream
SPONSOR CONTRACT

Please mail or fax to:

Jennifer Tyler
University of Florida Performing Arts
315 Hull Road
PO Box 112750
Gainesville, FL 32611

Phone: (352) 273-2466
Fax: (352) 392-3775

Committee Contact: _____

Donor Information: (Business/Individual)		<input type="checkbox"/> Check here if you do NOT want your name listed in the Program. It will appear as Anonymous.
PLEASE PRINT CLEARLY		
Name to appear in program*: _____		
Contact Name: _____		
Address: _____		
City, State, Zip: _____		
Phone: _____	Fax: _____	
E-mail: _____	Website: _____	

Sponsorship Levels:

	Cash	In-Kind		Cash	In-Kind
<input type="checkbox"/> Platinum Sponsor	\$15,000	N/A	<input type="checkbox"/> Frost	\$3,000	\$6,000
<input type="checkbox"/> Crystal	\$10,000	N/A	<input type="checkbox"/> Flurry	\$1,500	\$3,000
<input type="checkbox"/> Arctic	\$7,500	\$15,000	<input type="checkbox"/> Snowflake	\$750	\$1,500
<input type="checkbox"/> Ice	\$5,000	\$10,000			

Payment Information:
Please apply my total sponsorship of \$ _____ to the following method of payment.

Check In-Kind
 On-line

Signature: _____

Please make checks payable to:
University of Florida Foundation

Credit Card Information:

To preserve the safety and security of personal information, the University of Florida has changed the policy for handling credit card transactions. As of July 1, 2010 University of Florida Performing Arts will no longer be able to accept credit card information via U.S. mail, fax, in person or phone. **If you would like to use your credit to pay use the online order form <http://performingarts.ufl.edu/giving/gala/>**

Please choose additional benefits on the back of this form.

THANK YOU FOR YOUR SUPPORT!

A portion of your payment may be eligible for a charitable contribution income tax deduction.