



A Feast of Music Sponsorship Contract

October 29, 2022

All sponsors will be recognized on signage at the event, event website and mailed invitations. These benefits are contingent upon the date of receipt of this contract. **This contract must be completed by August 1, 2022 in order to be represented on the invitation as a sponsor of the event.** Your contribution is truly appreciated!

Donor or Company Name: _____
(As it should appear in the invitation or on signage)

Contact Person: _____

Email Address: _____

Donor or Company Address: _____

Donor or Company Phone Number: _____

Platinum Sponsorship - \$10,000.00

- Two (2) VIP Tables with premium seating for up to twenty (20) guests at the A Feast of Music Gala
- Champagne service during dinner
- Donor/Company Name/Logo on event web page and invitations (mailed to 1,000 households)
- Opportunity to deliver welcoming remarks to 200+ guests
- Recognition in donor listing in 2022-2023 WSO season program book

Gold Sponsorship - \$5,000.00

- One (1) VIP Table with premium seating for up to ten (10) guests at the A Feast of Music Gala
- Donor/Company Name/Logo on event web page and invitations
- Recognition in donor listing in 2022-2023 WSO season program book

Silver Sponsorship - \$2,500.00

- Premium seating for six (6) at the A Feast of Music Gala
- Donor/Company Name/Logo on event web page and invitations
- Recognition in donor listing in 2022-2023 WSO season program book

Copper Sponsorship - \$1,500.00

- Invitations for four (4) to the A Feast of Music Gala
- Donor/Company Name/Logo on event web page and invitations
- Recognition in donor listing in 2022-2023 WSO season program book

Bronze Sponsorship - \$500.00

- Invitations for two (2) for the A Feast of Music Gala
- Donor/Company Name/Logo on event web page and invitations
- Recognition in donor listing in 2022-2023 WSO season program book

Regrets Donation Amount: \$ _____

My check for payment is enclosed *(please make checks payable to Wilmington Symphony Orchestra)*

Please charge my: ___ Visa ___ Mastercard ___ American Express ___ Discover Card

Card #: _____ Expiration Date: ____ / ____ Security Code: _____

Billing Address Associated with card: _____

Donor Signature _____ Date _____ Check here to decline benefits