EMPIRE
ARTS CENTER

EMPIRE ALIVE SPONSORSHIP

Date: _____

Sponsor Name: _____

Sponsor Contact Information: _____

(Please include physical mailing address, _____

phone number, and email address) _____

_____

_____

Name to be used for recognition: _____

(Please send a logo if you wish to have your logo included in recognition materials.)

Sponsorship Level	**Contribution**	**Please Check ☑**
Gold	$10,000	
Silver	$5,000	
Bronze	$2,500	
Copper	$1,000	
Friend	$500	
Other (please indicate amount)		

Please return this form to heatherf@empireartscenter.com.

If you have any questions, please contact the Empire at heatherf@empireartscenter.com or 701-746-5500.