



DALLAS CHILDREN'S THEATER

Sponsorship Form

Contact _____ Title _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Fax# _____ Email _____ Web _____

Sponsorship Type: Event

Sponsorship Description: *The Who? Party* benefiting Student Matinee Performance Series

Sponsorship Level(check one): ___\$10,000 ___\$5,000 ___\$2,500 ___\$1,000 ___\$500

Would you like to donate your sponsorship tickets back? ___ Yes

The Who? Party tickets: ___@ \$60 each (*additional if not included in a sponsorship*)

SEUSSICAL™ tickets: ___@ \$30 Adult, Section A _____@ \$23 Adult, Section B
_____@ \$28 Youth, Section A or _____@ \$21 Youth, Section B

A limited number of party tickets as well as single tickets for SEUSSICAL™ are sold separately and will go on sale August 1 unless purchased with a [season subscription](#) or with a party sponsorship. Questions? Contact Michael Gonzales at 214-978-0110 ext. 142 or michael.gonzales@dct.org.

Gift in lieu of Sponsorship: ___\$1,000 ___\$500 ___\$250 ___\$100 \$___ Other

My check is enclosed in the amount of \$_____.

Please make a one-time charge of \$_____ to my credit card.

Account # _____ Exp. Date _____

Cardholder Name _____

Bill Me \$_____ Monthly Quarterly starting _____

I am pleased to have my/our name associated with this gift to DCT as follows:

I/we prefer that the donor of this gift remain anonymous except where required by the IRS.

I agree to the terms outlined above and further agree that I will provide DCT with the names of Party attendees included in my sponsorship by September 1. After this date, DCT is authorized to release these tickets for sale to the general public for the benefit of Student Matinee Performance Series.

Signature _____ Date _____

DCT Signature _____ Date _____

Please return to:
Michael Gonzales, Director of Donor & Corporate Relations
Dallas Children's Theater, 5938 Skillman, Dallas, Texas 75231
michael.gonzales@dct.org • Fax: 214-978-0118 • Phone 214-978-0110 x 142
Tax ID 75-1967052