

Franklin Road Academy Sponsorship Levels



Platinum Sponsor	\$20,000
<ul style="list-style-type: none">• Twenty VIP concert seats• Two (2) reserved dinner tables of ten• Corporate/Individual recognition in the on-line auction• Corporate/Individual recognition during evening remarks• Corporate/Individual recognition on signage at event	
Gold Sponsor	\$10,000
<ul style="list-style-type: none">• Ten VIP concert seating• One (1) reserved dinner table of ten• Corporate/Individual recognition in the on-line auction• Corporate/Individual recognition on signage at event	
Silver Sponsor	\$5,000
<ul style="list-style-type: none">• Six VIP concert seating• Six (6) reserved tickets at a table of ten• <i>Ability to purchase 4 additional dinner/concert tickets before January 13th</i>• Corporate/Individual recognition in the on-line auction• Corporate/Individual recognition on signage at event	
Bronze Sponsor	\$2,500
<ul style="list-style-type: none">• Four prime concert seating• Four (4) reserved tickets at a table of ten• <i>Ability to purchase 6 additional dinner/ concert tickets before January 13th</i>• Corporate/Individual recognition in the on-line auction• Corporate/Individual recognition on signage at event	
Contributing Sponsor	\$1,000
<ul style="list-style-type: none">• Two tickets with preferred concert seating• Two (2) reserved tickets at a table of ten• <i>Ability to purchase 8 additional dinner/ concert tickets before January 13th</i>• Corporate/ Individual recognition on the on-line auction	

Sponsorship Opportunities

I would like to purchase (please check one):

___ Platinum Sponsor at \$20,000+ (\$18,000 tax deductible)

___ Gold Sponsor at \$10,000 (\$9,000 tax deductible)

___ Silver Sponsor at \$5,000 (\$4,400 tax deductible)

___ Bronze Sponsor at \$2,500 (\$2,100 tax deductible)

___ Contributing Sponsor at \$1,000 (\$800 tax deductible)

Name _____

Company (if applicable) _____

Contact Name _____ Phone _____

Phone _____ Fax _____

Email _____

Please charge to my (card type) _____ Amount _____

Card Number _____ Exp. Date _____

Name on card _____

Signature _____

Billing Address _____

City _____ State _____ Zip _____

Please return to:

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