

# SPONSORSHIP PLEDGE FORM

I would like to support Lumen Repertory Theatre for the 2023 Season!

## SPONSOR INFORMATION

Company Name: \_\_\_\_\_

Individual Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## SUPPORT LEVEL AMOUNT

Candlelight Sponsor | **\$2,500+**

Star Sponsor | **\$25,000+**

Lightbulb Sponsor | **\$5,000+**

Other amount: \_\_\_\_\_

Firework Sponsor | **\$10,000+**

## RECOGNITION

I would like to remain anonymous.

I would like to be recognized in print as follows: \_\_\_\_\_

If your gift is in memory/honor of someone, please include their contact info so we can notify them of your generosity.

I have sent my company logo (color and b/w) to [kristin@lumenrep.org](mailto:kristin@lumenrep.org)

## DONOR BENEFITS

You may opt out of donor benefits and your contribution will remain fully tax-deductible to the extent of the law.

I would like to redeem sponsorship benefits.

I want my gift to be fully tax-deductible. I would like to waive all sponsorship benefits

## PAYMENT PREFERENCES

I agree to have Lumen Rep invoice me immediately for the amount stated above.

I agree to have Lumen Rep invoice me for the amount state above on this date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Thank you for supporting Lumen Rep Theatre!  
If you have any questions, please contact [kristin@lumenrep.org](mailto:kristin@lumenrep.org)

**LUMEN** Rep  
Theatre