



PENNSYLVANIA YOUTH BALLET
Ballet Guild of the Lehigh Valley



***THE NUTCRACKER* BALLET ARTS EDUCATION PROGRAM SPONSORSHIP OPPORTUNITIES**

Contribution	Recognition Level	Benefit
\$5,000	Performance Sponsor: <i>Etoile</i> (Star)	Acknowledgement in program Opportunity to welcome guests Website listing
\$ 2,500	<i>Prima Ballerina</i> (Leading Female)	Acknowledgement in program Website listing
\$ 1,000	<i>Premier Danseur</i> (Leading Male)	Acknowledgement in program Website listing
\$ 500	<i>Soliste</i> (Soloist)	Acknowledgement in program Website listing

Opportunities are also available to support *The Nutcracker* performance through placement of ads in the Program Book and the purchase of tickets. We thank you for your consideration.

The Ballet Guild of the Lehigh Valley, Inc. is a 501(c) (3) organization, contributions to which are tax deductible as provided by law. The official registration and financial information of The Ballet Guild of the Lehigh Valley, Inc. may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania, (800) 732-0999. Registration does not imply endorsement.



***THE NUTCRACKER* BALLET ARTS EDUCATION
PROGRAM SPONSORSHIP COMMITMENT FORM**

Yes, we wish to support *The Nutcracker* Ballet Arts Education Program at the following level:

_____ \$ 5,000 **Performance Sponsor: *Etoile* (Star)**

_____ \$ 2,500 ***Prima Ballerina* (Leading Female)**

_____ \$ 1,000 ***Premier Danseur* (Leading Male)**

_____ \$ 500 ***Soliste* (Soloist)**

Name of Company/Organization as it should appear in print: _____

Address: _____

Contact Name: _____

Email Address: _____

Phone Number: _____

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

Please make check payable to Ballet Guild of the Lehigh Valley.

Mail to: Ballet Guild of the Lehigh Valley, Inc., 556 Main St., Bethlehem, PA, 18018.

Credit Card Information

_____ Visa _____ MasterCard Expiration Date: ____/____ CVS# (3 or 4-digits on back) _____

Credit Card Number _____

Name on Card _____ Cardholder Signature _____

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