



ACCMS Contact _____

The goal of the Ashtabula County Choral Music Society is to make arts activities available and affordable for the families of Ashtabula County. Generous support from season patrons, business, and corporate sponsors is needed to meet that goal. We look forward to counting you among our financial participants.

To ensure inclusion of ads and/or listings in the Season Program for all events, complete the information at the level of your choice below and return as soon as possible to the address below.

Season Patron (individuals, businesses, and organizations; names appear in donor level listings) (info: as you wish it to appear)

Name _____ Email _____

Address _____ City _____ Zip _____ Phone _____

Please help by contributing at the highest patron level possible. Your participation is tax deductible. Pledges may be paid in installments.

_____ Complete score: \$500+ _____ Complete measure: \$250+ _____ Whole Note: \$100+
_____ Half Note: \$50+ _____ Quarter Note: \$25+ Other donation \$ _____

Corporate or Business Name _____ Phone _____

C Contact person _____ Email _____

Local Business address _____ City _____ Zip _____

Billing address _____ City _____ Zip _____

Billing contact individual _____ Phone _____

Please help by advertising at the highest level possible. Your participation is tax deductible. Pledges may be paid in installments.

Business Sponsor (Provides for an ad printed in all season event programs (total estimated audience: 1000)

Ad size:(Page size: 8.5"x5.5") _____ Whole page \$200 _____ Half page \$125 _____ Quarter page \$85

_____ Copy same as last year _____ New ad attached _____ digital copy: ashtabulacountychoralsociety1@gmail.com

Corporate Event Sponsor

_____ Level I \$1000+

Provides donor:
Mention in all marketing for a single event
Full page ad in season event programs
Lobby sign at venue entrance

_____ Level II \$500

Provides donor:
Mention in all marketing for a single event
Half page ad in season event programs

Payment

_____ **Complete payment** \$ _____ enclosed Paid to the **Ashtabula County Choral Music Society**

_____ **First of three partial payments** \$ _____ enclosed Non-profit EIN: 34-1710482
Remaining installments due 1/30; 3/30

Payment date _____ Check # _____ ACCMS Received: Date _____ Initials _____