

CHOC Children's.
FOLLIES



SPONSORSHIP

Sponsor Opportunities

- The Star** \$100,000
 20 Reserved Tickets + 20 Cast Party Tickets
 Full Page Ad in the CHOC Follies Program
 (Ad specs: 7.5" wide x 10.0" tall, black & white)
- Show Stopper** \$50,000
 16 Reserved Tickets + 16 Cast Party Tickets
 Full Page Ad in the CHOC Follies Program
 (Ad specs: 7.5" wide x 10.0" tall, black & white)
- Standing Ovation** \$25,000
 12 Reserved Tickets + 12 Cast Party Tickets
 Full Page Ad in the CHOC Follies Program
 (Ad specs: 7.5" wide x 10.0" tall, black & white)
- Bravo! Bravo!** \$10,000
 10 Reserved Tickets + 10 Cast Party Tickets
 Half Page Ad in the CHOC Follies Program
 (Ad specs: 7.5" wide x 4.875" tall, black & white)
- Applause! Applause!** \$5,000
 8 Reserved Tickets + 8 Cast Party Tickets
 Quarter Page Ad in the CHOC Follies Program
 (Ad specs: 3.625" wide x 4.875" tall, black & white)
- Encore** \$2,500
 6 Reserved Tickets + 6 Cast Party Tickets
 Business Card Ad in the CHOC Follies Program
 (Ad specs: 3.625" wide x 2.375" tall, black & white)
- Standing Room Only** \$1,000
 4 Reserved Tickets + 4 Cast Party Tickets
- Curtain Call** \$500
 2 Reserved Tickets + 2 Cast Party Tickets

Sponsor Tickets

Please indicate desired performance:

- Thursday Night, March 29
- Friday Night, March 30
- Saturday Matinee, March 31
- Saturday Night, March 31
- I'm unable to attend any performance, please donate my Follies tickets.

Sponsor Advertising

- I will be submitting an ad for the program
 Please refer to above ad specs and submit final black & white ad to chocfolliesads@choc.org.
- I will NOT be submitting an ad

Solicited By: _____

Order Information

- Enclosed is my check for \$ _____
- Please charge my card (circle one) VISA MC AM EX

Card number _____ Exp. _____ 3-Digit CVV Code _____

Print name as it appears on card _____

Please print name as it should appear for recognition _____

Company Name (if applicable) _____

Signature _____

Billing Address _____

City, State, Zip _____

- I'm unable to participate, but please accept my donation of \$ _____
 Please make checks payable to CHOC Foundation.

Mail Tickets To

Name _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

Email _____

To purchase additional tickets for the show, please contact the Foundation Office.

Send this form to: Lois Augustine, CHOC Children's Foundation
 1201 West La Veta, Orange, CA 92868
 T 714.509.4140 F 714.509.8380 E laugustine@choc.org

www.chocfollies.org



(Foundation use only) Taxable or Non-Taxable: _____