

Yes! I want to be a 2011 Gala Sponsor, lending my name to the event and contributing a gift that will support innovative educational programs at Salt Lake Arts Academy.

*I would like to contribute at the following level:*

<input type="checkbox"/> <b>Platinum – \$1,500</b> Premium-placement event recognition 10 pre-show party tickets 10 box seats for the Friday night Grand Finale
<input type="checkbox"/> <b>Gold – \$1,000</b> Premium-placement event recognition 8 pre-show party tickets 8 reserved seats for the Friday night Grand Finale
<input type="checkbox"/> <b>Silver – \$750</b> Event recognition 6 pre-show party tickets 6 reserved seats for the Friday night Grand Finale
<input type="checkbox"/> <b>Bronze – \$500</b> Event recognition 4 pre-show party tickets 4 reserved seats for the Friday night Grand Finale
<input type="checkbox"/> <b>Copper – \$250</b> Event recognition 2 pre-show party tickets 2 reserved seats for the Friday night Grand Finale
<input type="checkbox"/> <b>Pewter – \$100</b> Event recognition



Salt Lake Arts Academy  
844 South 200 East  
Salt Lake City, UT 84111  
Phone: 801-531-1173  
Fax: 801-531-7726  
www.slarts.org

*Please return this form to Salt Lake Arts Academy or contact Daphne Williams at 801-531-1173 or daphne@slarts.com.*

**For best seating and to ensure event recognition, please respond no later than March 25**

*Please recognize my contribution as follows:*

Name as it should appear in playbill (please print clearly):

\_\_\_\_\_

Anonymous

*Please reserve the following number of tickets to the Grande Finale on Friday, April 7:*

- Maximum number for my contribution level
- I would like only \_\_\_\_\_ tickets
- I would like \_\_\_\_\_ additional tickets @ \$50 each
- I am unable to attend. Please donate my tickets.
- I need wheel-chair seating

**Payment: Total Sponsorship plus any extra tickets = \$\_\_\_\_\_**

I have enclosed a check payable to Salt Lake Arts Academy in the above amount.

Please bill the above amount to my: (circle one)

Visa      MasterCard      American Express      Discover

Account Number: \_\_\_\_\_ Expires: \_\_\_\_\_

Name As It Appears On Card (please print clearly): \_\_\_\_\_

Cardholder Signature (required): \_\_\_\_\_

**Tickets will be mailed to you.**