

Sponsorship Commitment Form

Contact Information

Name:	
Company:	
Contact Name:	
Phone Number:	
Email Address:	
Mailing Address:	

Support Level

Program Advertisements				
	Fall	Holiday	Winter	Spring
	Concert	Concert	Concert	Concert
Full Page	\$200	□ \$200	□ \$200	□ \$200
Three-Quarter Page	\$120	□ \$120	□ \$120	□ \$120
Half Page	\$90	□ \$90	□ \$90	□ \$90
Quarter Page	\$50	□ \$50	□ \$50	□ \$50
Sponsor a Concert	□ \$400			
Sponsor a Chair	\$400			
Sponsor a Piece of Mus	ic□ \$250			

Please Note: Upon receipt of your sponsorship form, we will contact you with deadlines for submission of artwork for your ad if you plan to advertise. Deadlines are based on the publication date of each programm and vary based on the concert dates. You will be responsible for providing any artwork/logo you wish to display in the appropriate format (.jpeg and .png are perfect).

Payment Method

Sponsorship Amount \$____

🗆 Cash

Check (Checks should be made payable to Livingston Symphony Orchestra)

□ Credit Card (Please call 517-304-8203 for details)

□ PayPal

Completed forms can also be emailed to info.livingstonsymphony@gmail.com or mailed to: Livingston Symphony Orchestra 129 N. Hibbard St. Fowlerville, MI 48836