

BUSINESS MEMBERSHIP FORM

Business memberships are valid for one year.

A Basic Business membership – **CONTRIBUTOR** – for a gift of **\$150** allows YOUR BUSINESS the opportunity to exclusively advertise your goods and services by:

- Displaying your rack card, brochure, and/or rate sheets at the Arts Center;
- Receiving a special listing in the Arts Center's annual brochure distributed to 5,000+ patrons;
- Receive discounts on Arts Center's ticketed concerts and workshops; and
- Listed on the Arts Center's website Business Membership page with a link back to YOUR Business.

ALL THIS FOR ONLY \$150 PER YEAR!

WANT A BIGGER BANG FOR YOUR BUCK?

Upgrade to a **SPONSOR LEVEL** for a gift of **\$250** and <u>receive all the benefits listed above at the</u> <u>Contributor Level PLUS the following</u>:

• Receive **TWO COMPLIMENTARY TICKETS to one of the Arts Center's premiere events** (Winter Benefit for the Arts or Great Arts Summer Benefit).

WANT THE BEST VALUE YET?

Upgrade your support to the highest level – **PRODUCER** - for a gift of **\$500** <u>and receive all the</u> <u>benefits of the CONTRIBUTOR and SPONSOR Levels PLUS the following</u>:

• Listed as an EVENT SPONSOR for either the Winter Benefit or Great Arts Benefit, which includes (1) a verbal mention at the event you selected to support and (2) a brief listing of the goods and services YOUR BUSINESS provides along with YOUR BUSINESS contact information in the Benefit Program.

BUSINESS MEMBERSHIP FORM (continued)

YES, I'd like my business to be listed as a CONTRIBUTOR for a donation of \$150.
YES, I'd like my business to be listed as a SPONSOR for a donation of \$250.
The event I would like to receive TWO complimentary tickets to is
YES, I'd like my business to be listed as a PRODUCER for a donation of \$500. The
event I would like to receive TWO complimentary tickets to is The
Benefit I wish to sponsor is

BUSINESS NAME:		
CONTACT PERSON:		
ADDRESS:		
PHONE NUMBER:	_ CELL NUMBER:	
WEBSITE:	EMAIL:	
PAYMENT INFORMATION		
ENCLOSED IS MY CHECK FOR MADE OUT TO THE ADIRONDACK LAKES CENTER FOR THE ARTS.		
PLEASE BILL ME IN (specify month please).		
PLEASE CHARGE MY CREDIT CARD (MC, VISA, DISCOVER, AMEX) SELECT ONE		
CARD NUMBER:		
EXPIRATION DATE:	_ CVC CODE:	

Thank you for supporting the arts in our favorite community!