



# CARROLLWOOD PLAYERS

## Community and Corporate Sponsorship Agreement

Please type or clearly print your information into this form and send with a check or money order payable to Carrollwood Players, Inc. to:

**Carrollwood Players, Inc. 4333 Gunn Highway Tampa, FL 33618**

Your contributions, donations, sponsorships, and volunteer services will be used to fund Productions, make improvements to current equipment and facilities and offset the costs of operating in our current location.

**Sponsorship Level (check one):**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Guardian Angel (\$5,000) | <input type="checkbox"/> Sponsor a Musical (\$5,000) | <input type="checkbox"/> Place a Full page Ad (\$650)    |
| <input type="checkbox"/> Good Samaritan (\$2,500) | <input type="checkbox"/> Sponsor a Play (\$1,700)    | <input type="checkbox"/> Place a Half page Ad (\$365)    |
|   |  | <input type="checkbox"/> Place a Quarter page Ad (\$200) |

### DONOR INFORMATION

Business/Organization: \_\_\_\_\_

Contact: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

### Payment Information

Enclosed please find my check payable to Carrollwood Players, Inc in the amount of \$ \_\_\_\_\_  
—or—

Please charge the credit card listed below for the amount of \$ \_\_\_\_\_

Name on Card \_\_\_\_\_

(circle one)

AMEX      VISA      MASTERCARD

Card Number \_\_\_\_\_

Expiration (Month/Year) \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_

Please return this form to:

Carrollwood Players Theatre  
4333 Gunn Hwy.  
Tampa, FL 33618

cwplayers@aol.com