



Your Community Theatre Since 1981

# BRITISH INVASION

*The 2024 Carrollwood Players Theatre Gala*

*Presented by Real-Time Labor Guide*

*Honorary Chairs Patricia and Steven Farber*

*Gala Chair - Jen Martin*



**Sunday, November 17, 2024 - 5 p.m.**

**Wild Rover British Brewery - Tampa, FL**

English Dinner  Wine and Brews  Entertainment  Silent Raffles



## SPONSOR OPPORTUNITIES

Your support of CWP's major annual fundraising event will make a world of difference and ensure a strong future of great community theatre for all at Carrollwood Players.

### **Platinum Sponsor \$2,500**

Your name will be listed on all event materials and promotions. Includes a private front section VIP table for 8 guests, with private label champagne.

### **Gold Sponsor \$1,200 - Christine and Charles Smith** **In Memory of Adam Kennedy** **Judith Sachs** **The LeFloch Family** **Alicia and Greg Spiegel**

Your name will be listed on all event materials and promotions. Includes a private VIP table for 8 guests.

### **Silver Sponsor \$600 - Patricia Donohue** **Manuel Ordonez and Matthew Hughes** **Dr. Christopher C. Combie** **Sandy Cunnagin** **John Michelich**

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### **Bronze Sponsor \$300 - Thomas Pahl** **Pamela Senk** **Bonnie Wilpon**

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To add your support as a sponsor, please complete and mail in the form below, or email the completed form to [jim.russell@carrollwoodplayers.org](mailto:jim.russell@carrollwoodplayers.org). OR you may [click here to pay online](#).

# CWP British Invasion Gala 2024



## Sponsor Order Form

Thank you for supporting great community theatre for all by sponsoring our gala event.

Carrollwood Players, Inc. is a nonprofit 501(c)(3) organization.

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### Sponsorship Level (check one):

**Platinum Sponsor**  
(\$2,500)

**Silver Sponsor**  
(\$600)

**Gold Sponsor**  
(\$1,200)

**Bronze Sponsor**  
(\$300)



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## 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 listed above.

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(circle one)    VISA            MASTERCARD

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

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

Signature \_\_\_\_\_

Please return this form to:

Carrollwood Players Theatre  
PO Box 270116  
Tampa, FL 33688

[www.carrollwoodplayers.org](http://www.carrollwoodplayers.org)