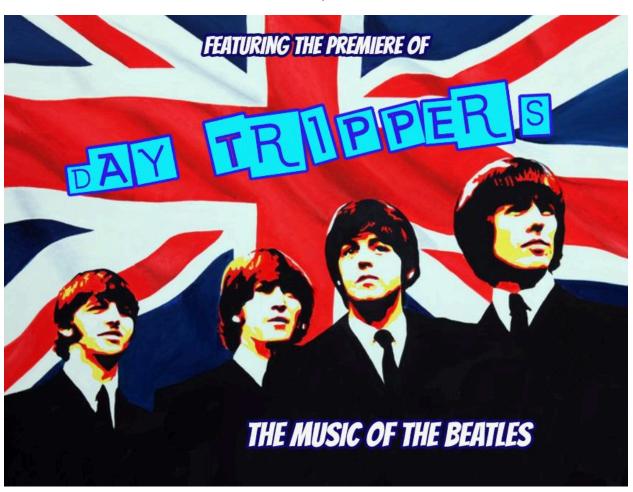


Your Community Theatre Since 1981

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













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

Your name will be listed on all event materials and promotions. Includes 4 seats at a VIP table.

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

Your name will be listed on all event materials and promotions. Includes 2 seats at a VIP table

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. 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.

Sponsorship Level (check	one):	.vollv.
□ Platinum Sponsor (\$2,500)□ Gold Sponsor (\$1,200)	☐ Silver Sponsor (\$600)	
	☐ Bronze Sponsor (\$300)	D _{layer} s
Your Information		
Name:		
Email:		
Street Address:		
City:	State:	Zip/Postal Code:
Primary Phone #:		
Payment Informat	ion	
Enclosed please find my check	payable to Carrollwood Playe	ers, Inc in the amount of \$
or— Please charge the credit	card listed below for the amou	nt listed above.
	Name on Card	
Please return this form to:	(circle one) VI	SA MASTERCARD
Carrollwood Players Theatre PO Box 270116 Tampa, FL 33688	Card Number	
	Expiration (Month/	Year) — Security Code
www.carrollwoodplayers.org	Signature	