HONORARY GALA CHAIRS
The Honorable Mayor Muriel Bowser | Congresswoman Eleanor H. Norton

GALA CHAIRS
Dame Karen Pierce DCMG, The British Ambassador, & Mr. Charles Roxburgh
Alka & Sudhakar Kesavan | Nichole Francis Reynolds & Fred Reynolds III | Dr. Michelle McMurry-Heath & Dr. Sebastian Heath

SPONSORSHIP
Join us for Shakespeare under the stars in the glorious Wolf Trap National Park for the Performing Arts as we celebrate all that makes our hometown unique!

PRODUCER | $50,000
- Opportunity to present 30-second video during performance
- Invitation for 20 guests to attend the reception, dinner, and performance
- Invitation for 6 guests to attend a special Embassy event
- Acknowledgment by Emcee during performance
- Recognition online, in press, pre- and post-show credits, and promotional materials
- Full-page digital program ad

PLAYWRIGHT | $10,000
- Invitation for 10 guests to attend the reception, dinner, and performance
- Recognition during performance
- Recognition online, in pre- and post-show credits, and in promotional materials
- Listing in the digital program

LEAD ACTOR | $5,000
- Invitation for 2 guests to attend the reception, dinner, and performance
- Recognition during performance
- Recognition online, in pre- and post-show credits, and in promotional materials
- Listing in the digital program

SUPPORTING ACTOR | $1,000
- Invitation for 1 guest to attend the reception, dinner, and performance
- Recognition online and in the pre- and post-show credits
- Listing in the digital program

RESERVE YOUR SPONSORSHIP NOW!
Complete the attached form or email GalaSTC@ShakespeareTheatre.org.
YES! I WANT TO SUPPORT THE SHAKESPEARE THEATRE COMPANY!

I. I/WE WILL BE A SPONSOR AT THE FOLLOWING LEVEL

_____ PRODUCER | $50,000
The non-deductible portion of your contribution is $4,400.

_____ DIRECTOR | $25,000
The non-deductible portion of your contribution is $2,200.

_____ PLAYWRIGHT | $10,000
The non-deductible portion of your contribution is $2,200.

_____ LEAD ACTOR | $5,000
The non-deductible portion of your contribution is $440.

_____ SUPPORTING ACTOR | $1,000
The non-deductible portion of your contribution is $220.

II. DONATION

I/we would like to support the Shakespeare Theatre Company with a fully tax-deductible contribution of $______.

III. PERSONAL INFORMATION

Name(s)/Company: __________________________________________________________
Please print your name or organization as you wish it to appear in printed and/or digital materials.

Contact Name (if different from program listing): ________________________________

Address: _________________________________________________________________
City: ________________________________________________________________

State: _______ Zip: _________ Telephone: __________________ Fax: __________________

Email: _________________________________________________________________

IV. PAYMENT INFORMATION

Card Number: ___________________________ Exp. Date: _______ Signature: __________________

I have enclosed a check in the amount of $_______ payable to Shakespeare Theatre Company.
Payment must be received by September 20 for recognition in the digital Gala program.

V. PLEASE RETURN THIS FORM TO

Shakespeare Theatre Company, Attn: Special Events
516 8th Street SE, Washington, D.C. 20003