



# 2010-11 Season Sponsorship Form

Sponsor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Sponsorship Message (Limit 30 Characters, please)

\_\_\_\_\_

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## Sponsorship Levels (Check One)

Benefactor – \$15 - \$24

Patron – \$25 - \$49

Theatre Angel – \$50+ donation

Please make checks payable to Fulton Community Theatre. As a certified, 501(c)(3) non-profit organization, your contribution to Fulton Community Theatre, Inc. is tax deductible. Please detach the receipt below for your records. Thank you for supporting community theatre!

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## Sponsorship Receipt

Sponsor Name: \_\_\_\_\_

Amount: \_\_\_\_\_

Date: \_\_\_\_\_

