# SPONSORSHIP PLEDGE

_____ pledges to support Opera Grand Rapids at the following level:

- ☐ Vampire $10,000
- ☐ Ghoul $5,000
- ☐ Skeleton $2,500

SPONSOR NAME (as it should appear in all promotional materials):

Name/Title: _____

Signature: _____ Date: _____

Contact Name (for tickets/benefits): _____

Contact Email: _____ Contact Phone: _____

METHOD OF PAYMENT

Please invoice (month preferred): _____ Payment enclosed: ____ Credit Card: ____

Credit Card No: _____ Exp. Date: _____

Name on the Card (print): _____ Signature: _____

Betty Van Andel Opera Center
1320 East Fulton, Grand Rapids, MI 49503

THANK YOU for your generosity, which allows us to continue and enhance the tradition of Opera Grand Rapids. Please provide the following details so we may acknowledge your support:

Website: _____

_____

_____

_____