



**Saturday, April 18<sup>th</sup> ~ The Wortham Center Grand Foyer**

**Did you know that 40% of SPA's budget is raised through contributions?**

Your support enhances Houston's artistic landscape with world-class, multi-cultural performances and provides arts access and education for thousands of children, teachers, aspiring artists, and audience members!

**TABLE BENEFITS & RECOGNITION**

**WORLD PREMIERE ~ \$50,000 (Table for 12)**

- Premier name recognition on Gala printed materials, including press releases, invitation and program
- Recognition in all SPA performance programs for one year
- Valet parking, Green Room privileges, and cast party invitations for six (6) people for one year
- Complimentary bottle of champagne pre-set at your table

**BROADWAY TOUR ~ \$25,000 (Table for 10)**

- Prominent name recognition on Gala printed materials, including press releases, invitation and program
- Recognition in all SPA performance programs for one year
- Green Room privileges and cast party invitations for four (4) people for one year

**DANCE COMPANY ~ \$15,000 (Table for 10)**

- Name recognition on the Gala invitation and program
- Recognition in all SPA performance programs for one year
- Green Room privileges and cast party invitations for two (2) people for one year

**JAZZ QUARTET ~ \$10,000 (Table for 10)**

- Name recognition on the Gala invitation and program
- Recognition in all SPA performance programs for one year

**AUTHOR ~ \$6,000 (Table for 10)**

- Name recognition on the Gala invitation and program

**INDIVIDUAL TICKETS**

**COMEDIAN ~ \$1,000 per person (\_\_\_\_ tickets)**

**EXPLORER ~ \$600 per person (\_\_\_\_ tickets)**

**I am unable to attend but would like to make a CONTRIBUTION of \$\_\_\_\_\_**

NAME \_\_\_\_\_  
(as it should appear in printed materials)

CONTACT NAME \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

My gift is in honor of: \_\_\_\_\_

My check payable to **Society for the Performing Arts** is enclosed.

Please invoice me for my **Table/Tickets Pledge** on (date) \_\_\_\_\_.

Please charge my:  AMERICAN EXPRESS  MASTERCARD  VISA

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ CCV # \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Please note all payments must be received prior to April 1, 2020.** Contributions have a Fair Market Value of \$175 per seat. For more information contact: Laurel Bashaw at 713.632.8113 or lbashaw@spahouston.org