

60th
Anniversary
1963 - 2023

Sponsorship Agreement

Date: _____

Business Name: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Select your Sponsor Level: - Diamond \$10,000 - Gold \$5,000 - Silver \$1,000 - Bronze \$500

- We are unable to Sponsor this year, but would like to contribute \$ _____

Form of Payment

- Enclosed is a check for \$ _____ in U.S. funds payable to:
Marin Ballet 100 Elm Street, San Rafael, CA 94901

- Credit Card

Type of Card: - Master Card - Visa - AMEX

CVV _____
(Requires 4-digit code for AMEX)

Name on Card: _____

Card No. _____ Expiration Date (mm/yyyy) _____

Billing Address of Card holder: _____

Billing City & State: _____ State: _____ Billing Zip/Postal Code: _____

Signature: _____

MARIN  BALLET

Contact Nancy Rehkopf, Executive Director | nrehkopf@marinballet.org / 415.726.3537