

ESBT Patron Donation Form

Name: _____

Address: _____

Phone #: _____

Email: _____

Please check one:

- ANGEL*..... \$500.00
(includes 8 tickets to each production)
- BENEFACTOR*..... \$250.00
(includes 4 tickets to each production)
- SPONSOR*..... \$100.00
(includes 2 tickets to each production)
- PATRON*..... \$75.00
(includes 2 tickets to each production)
- FRIEND*..... \$25.00
(does not include tickets)

***EVERY LEVEL OF SPONSORSHIP ENTITLES YOU TO
HAVE YOUR NAME LISTED ON ALL PROGRAMS.***

***Checks made payable to:
Eastern Shore Ballet Theatre, Inc.***

Thank you for your patronage!